

<b>Case Number:</b>	CM14-0187695		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	01/12/2006
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker has a reported date of injury on 1/12/2006. No mechanism of injury was documented. The patient has a diagnosis of post-laminectomy syndrome of lumbar spine, thoracic/lumbar radiculitis and lumbar sprain. The patient has had L3-4 lateral transposes inter body fusion with posterior instrumentation and decompression on 9/19/2011. The Last medical report reviewed was available until 11/4/14. The patient complains of foot pain, hand problems, leg pains and low back pain. The patient reports increasing falls. The pain is reportedly increasing due to non-certification of medications. A report shows improvement in function with "meds" in improvement in walking, standing and driving. Oxycodone reportedly "improves pain and sleep". The pain was baseline 5/10 with medications but has increased to 8/10 without. Oxycodone reportedly improves pain by 25% for 8hours There is no mention of Soma. Objective exam reveals no tenderness to palpation to cervical or lumbar region, decreased range of motion, and decreased sensation along L lateral leg. The patient's strength was normal with a negative straight leg raise. An MRI of lumbar spine (12/27/13) reportedly showed post-operative changes at L3-5 with stable fusion. Broad based disc bulge effacing anterior thecal sac coupled with ligamentum hypertrophy and facet arthrosis arthropathy causing central stenosis with bilateral neuroforaminal narrowing. A Urine Drug Screen on 10/15/14 was appropriate. Medications include Celebrex, Lidoderm patches, Cymbalta, Celebrex, Pantoprazole and Oxycodone. The Independent Medical Review is for Oxymorphone extended release 5mg #60 and Soma 350mg #30. A prior UR on 11/5/14 recommended partial authorization of Oxycodone and denied Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Oxymorphone extended release 5mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76.

**Decision rationale:** Oxymorphone is an opioid. As per the MTUS Chronic Pain Guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets the appropriate documentation of criteria. There is appropriate documented objective improvement in pain and activity of daily living. There is appropriate monitoring of adverse events or abuse documented. The patient has chronic pain with potential plan for surgery; pain will not acutely improve therefore significant improvement is not realistic. The number of tablets requested is appropriate and does not exceed maximum recommended as per MTUS guidelines. The request for Oxymorphone is medically necessary.

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. There are no documented muscle spasms. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.