

<b>Case Number:</b>	CM14-0190143		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	11/06/2008
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Family Medicine and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on November 6, 2008. He had a right L4-5 foraminotomy on February 4, 2014. He continues to have back pain that radiates into the lower extremities and is associated with weakness. An MRI of the lumbosacral spine on June 6, 2014 demonstrated disc protrusion at L3-4 and L4-5. An x-ray on July 7, 2014 showed a retrolithesis at L1-2 which decreases to 2mm from 3mm with flexion and a 2mm retrolithesis at L3-4 unchanged with flexion and extension. The diagnosis is lumbar radiculopathy secondary to instability at the L1-2 level. A drug screen on April 2, 2014 detected Carisoprodol/Meprobamate, Morphine, Cyclobenzaprine, Fluoxetine, Gabapentin, and Hydromorphone. The Carisoprodol/Meprobamate and Morphine were consistent with prescription therapy. The others were inconsistent with prescription therapy according to the report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 63-65.

**Decision rationale:** Soma (carisoprodol) is a muscle relaxant, specifically an antispasmodic. Muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Soma is not recommended for longer than a 2 to 3 week period. The record indicates that this worker has been taking this medication in addition to other muscle relaxants since at least April of 2014. The continued use of this medication is not medically necessary given the chronic nature of the low back pain and no documentation of an acute flare.

**Percocet 10/325mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Percocet.