

<b>Case Number:</b>	CM14-0191319		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	02/20/2008
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Physical Medicine & Rehabilitation 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 patient is a 53-year-old male who has submitted a claim for lumbar disc displacement with myelopathy, lumbosacral neuritis, and lumbar sprain and strain associated with an industrial injury date of February 20, 2008. Medical records from 2014 were reviewed. The patient complained of low back pain aggravated by walking and exercise rated 10/10 in severity. The pain intensity did not change even with medication intake. He likewise complained of anxiety, insomnia and fatigue. He denied depression. Physical examination showed tenderness over paralumbar muscles, tenderness over lumbar facet joints, limited motion, no weakness and normal gait. The urine drug test from October 7, 2014 showed positive levels for benzodiazepine and opiates. Treatment to date has included physical therapy, Valium (since July 2014), Soma (since July 2014) and oxycodone (since July 2014). The utilization review from November 6, 2014 denied the request for Valium 10 mg, #45, 3 refills dispensed on 10/7/14 because of unclear indication for the medication and no previous trial of first-line therapy; and denied Soma 350 mg, #150, 3 refills dispensed on 10/7/14 because of no evidence of exacerbation of low back pain and muscle spasm to warrant the medication. The utilization review from November 20, 2014 denied the request for oxycodone 30 mg, one to two tablets every 4 hours, 30 days, for a total of 180 because of no evidence of significant functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #180 dispensed on 10/07/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids, Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed oxycodone since July 2014. The urine drug test from October 7, 2014 showed positive levels for benzodiazepine and opiates. However, the medical records did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for oxycodone 30mg #180 dispensed on 10/07/14 was not medically necessary.

**Valium 10mg #45, 3 refills dispensed on 10/07/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Benzodiazepines Page(s): 24.

**Decision rationale:** As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the patient was prescribed Valium since July 2014 for both insomnia and anxiety. However, there was no documentation concerning functional improvement derived from its use. There was also no data regarding sleep hygiene. The medical necessity was not established due to insufficient information. Therefore, the request for Valium 10mg #45, 3 refills dispensed on 10/07/14 was not medically necessary.

**Soma 350mg #150, 3 refills dispensed on 10/07/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** As stated on page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the patient was prescribed carisoprodol since July 2014. However, there was no documentation concerning pain relief and functional improvement derived from its use. Furthermore, there was no evidence of muscle spasm to warrant its use. Long-term use is likewise not recommended. Therefore, the request for Soma 350mg #150, 3 refills dispensed on 10/07/14 was not medically necessary.