

<b>Case Number:</b>	CM15-0001771		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 47-year-old female who reported an injury on 08/27/2010. Her mechanism of injury was not included. Her diagnoses included chronic pain syndrome, postlaminectomy syndrome, opioid dependence, displacement of lumbar intervertebral disc without myelopathy, hip pain, anxiety disorder, spasm of muscle, depressive disorder, and insomnia. Her past treatments have included physical therapy, home exercise program, pain medication, psychiatric care, and acupuncture. Her diagnostic studies are not included. Her surgical history included interlaminar decompression of the left L5-S1 and discectomy on 09/24/2010. The progress report dated 12/05/2014 documented the injured worker had complaints of muscle spasms in her low back and left buttock area. Her physical exam findings indicated she had failed all conservative treatment and even surgery, now relying on chronic medication management. Her medications included MS Contin, Roxicodone, Soma, lorazepam, bupropion, Ambien. Her treatment plan included continue medications and sign drug contract, request aquatic therapy, follow-up in 1 month. The rationale for the request was not included. The Request for Authorization form is signed and dated 12/05/2014 in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Ms Contin 30mg unspecified quantity DOS: 11/4/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The request for MS Contin 30 mg is not medically necessary. The California MTUS Guidelines state that there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The documentation submitted for review included a urine drug screen that was consistent with her prescribed medications and also included marijuana. The progress report also included a not that review of CURES had been completed. However, there is no documentation of proper pain assessment, side effects of the medications, or any objective functional improvement related to the use of these medications. The request for MS Contin does not include dosing information. The request for MS Contin 30 mg is not medically necessary.

**Retro: MS Contin 15mg unspecified quantity DOS: 11/4/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The request for MS Contin 15 mg is not medically necessary. The California MTUS Guidelines state that there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The documentation submitted for review included a urine drug screen that was consistent with her prescribed medications and also included marijuana. The progress report also included a not that review of CURES had been completed. However, there is no documentation of proper pain assessment, side effects of the medications, or any objective functional improvement related to the use of these medications. The request for MS Contin 15 mg does not include any dosing information. The request for MS Contin 15 mg is not medically necessary.

**Retro: Oxycodone 30mg unspecified quantity DOS: 11/4/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The request for oxycodone 30 mg is not medically necessary. The California MTUS Guidelines state that there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The documentation submitted for review included a urine drug screen that was consistent with her prescribed medications and also included marijuana. The progress report also included a note that review of CURES had been completed. However, there is no documentation of proper pain assessment, side effects of the medications, or any objective functional improvement related to the use of these medications. The request for oxycodone 30 mg does not include dosing information. The request for oxycodone 30 mg is not medically necessary.

**Retro: Soma 350mg unspecified quantity DOS: 11/4/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

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

**Decision rationale:** The request for Soma 350 mg is not medically necessary. The California MTUS Guidelines state that Soma is not recommended. This medication is not indicated for long term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant. Abuse has been monitored for sedative and relaxing effects. In regular abusers, the main concern is the accumulation of meprobamate. Soma abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin; and (5) as a combination with codeine. The injured worker has been on this medication for longer than 2 months. The request for Soma 350 mg does not include any dosing information. The request for Soma is not medically necessary.