

<b>Case Number:</b>	CM15-0002493		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	12/02/1994
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 52 year old female, who sustained an industrial injury on 12/2/1994. She is status post left ulnar transposition, status post multiple tendon surgeries of distal upper extremities. She has reported right arm and back pain. The diagnoses have included chronic pain, herniated disc, and degenerative disc disease. Treatment to date has included nerve block injections, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS), acupuncture and psychiatric care. Currently, the IW complains of lower back and right upper extremity pain, with associated numbness, with relief reported up to 50% with medications. Current diagnoses included lumbar facet arthropathy, radiculopathy, carpal tunnel syndrome and reflex sympathetic dystrophy. Plan of care included continuation of medication as previously prescribed, and continue with home exercise program, heat, and stretches. On 12/18/2014 Utilization Review non-certified a Methadone HCL 10mg #30, Roxycodone 30mg #120, and Soma 350mg #90, noting the lack of objective documentation submitted. The MTUS Guidelines were cited. On 12/18/2014 Utilization Review modified certification for Methadone HCL 10mg #150. On 1/6/2015, the injured worker submitted an application for IMR for review of Methadone HCL 10mg #180, Roxycodone 30mg #120, and Soma 350mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roxicodone 30 mg # 120:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, considering her methadone use and her Roxicodone use, her calculated potential morphine dose equivalent adds up to about 780 mg, which is far beyond the recommended limits. The documents provided show that at times the worker has no benefit to the medication regimen, collectively, and at other times has some reported benefits. However, the benefit is not presented in measurable functional gains, which is required. Therefore, there seems to be evidence that the medications, including the Roxicodone, is not sufficiently managing her symptoms. Therefore, considering the risks associated with very high dosing of opioids as in this case and minimal documented and measurable benefits, the Roxicodone will be considered medically unnecessary. Weaning may be necessary.

**Soma 350 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence.

