

Case Number:	CM15-0003136		
Date Assigned:	01/14/2015	Date of Injury:	07/10/2002
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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: Arizona, California
 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 37 year old male, who sustained an industrial injury on 7/10/2002. The current diagnoses are lumbalgia, status post lumbar discectomy (2003), and lumbar fusion (2010). Currently, the injured worker complains of low back pain, 6/10 on a subjective pain scale. The back pain is described as aching, sharp, throbbing, sore, shooting, and muscle pain. Additionally, he reports back stiffness. He has numbness, radicular pain, and weakness in the right and left legs. Treatment to date has included medications, 2 dorsal rami medial branch blocks (2007), and surgery. A progress note on 11/17/14 indicated the pain is 6/10. Exam findings were notable for decreased sensation in the S1 dermatome, Positive Faber's test and tenderness in the Lumbar facet region. Straight leg raise test was positive. The treating physician is requesting Percocet 5/325mg #180 and Soma 350mg #60, which is now under review. In August 2014, the pain level was 4/10 with similar exam findings. On 12/8/2014, Utilization Review had non-certified a request for Percocet 5/325mg #180 and Soma 350mg #60. The medications were modified to allow for weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/235mg tablet x 180: 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 opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months in combination with SOMA with worsening pain scores and no change in function. There is no indication of NSAID or Tylenol failure. Long-term opioid use can lead to addiction and tolerance. The continued use of Percocet is not medically necessary.

Soma 350mg x #60 3 refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Percocet for several months which increases side effect risks and abuse potential. The continued use of SOMA is not medically necessary.