

<b>Case Number:</b>	CM15-0007582		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 York  
Certification(s)/Specialty: Emergency Medicine

### 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 48-year-old male worker sustained injuries to his low back and mid-back on 8/17/09. He is diagnosed with chronic pain syndrome, chronic low back pain, lumbar degenerative disc disease, lumbar radiculopathy and myofascial pain syndrome. Previous treatments, according to the QME dated 9/24/10, include pain medications, NSAIDs, physical therapy, lumbar fusion surgery, spinal cord stimulator, trigger point injections, epidural steroid injections, chiropractic treatments and muscle relaxants. A PR-2 dated 11/5/2014 reports ongoing low back pain with radicular symptoms in the lower extremities. The IW reported improvement of radicular discomfort with increased dosing of Neurontin. There is not mention of the symptom control relating to the other prescribed medications. A limited examination documents the IW walks without gait abnormalities. There is not muscle strength, tone or sensory exam documented. The treating provider requests Oxycodone 5 mg #60, Soma 350 mg #90, 3 refills and Norco 10/325 mg #120. The Utilization Review on 12/15/14 certified request for Trazadone, Norco 10/325 #120, Soma 350mg #60 with 3 refills, and Oxycodone 5mg #40. UR non-certified Oxycodone 5 mg #60, Soma 350 mg #90, 3 refills and Norco 10/325 mg #120 citing MTUS Chronic Pain Medical Treatment Guideline in support of the decisions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management; Opioid management; Opioids, steps to avoid misuse/addiction.; indications, Chronic back pain Page(s): 78-80; 77-81; 80; 94.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The most recent included documentation fails to include the above-recommended documentation. The results related to the specific medications taken are not discussed. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

**Soma 350 mg #90, 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

**Decision rationale:** According to CAMTUS, Carisoprodol (Soma) is not recommended. Additionally, it is not recommended for long term use. Medical records support the IW has been taking this medication for a minimum of 6 months. As this medication is not supported by guidelines, the request for Soma is determined not medically necessary.

**Norco 10/325 mg #120:** 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, on going management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain Page(s): 77-81, 94, 80.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that

providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The most recent included documentation fails to include the above-recommended documentation. The results related to the specific medications taken are not discussed. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.