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| <b>Case Number:</b>   | CM15-0162245 |                              |            |
| <b>Date Assigned:</b> | 08/28/2015   | <b>Date of Injury:</b>       | 11/01/2007 |
| <b>Decision Date:</b> | 10/09/2015   | <b>UR Denial Date:</b>       | 07/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/18/2015 |

### 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  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The 63-year-old male injured worker suffered an industrial injury on 11-1-2007. The diagnoses included lumbar posterior fusion 5-28-2015, lumbar post-laminectomy syndrome, and displacement of lumbar intervertebral disc. The treatment included surgery and medications. The diagnostics included lumbar x-rays. On 7-2-2015 with pain in the low back and both, lower extremities. He reported the medications remain helpful and provide functional gains in significantly assisting activities of daily living, mobility and restorative sleep. The medications reduce the pain from 7 to 8/10 to 3 to 4 out of 10. On 7-20-2015, the treating provider reported it was the 2nd post-operative visit from redo laminectomy and posterior fusion. He reported mild occasional low back pain. The injured worker had a current pain contract and consistent urine drug screens. The injured worker had not returned to work. The requested treatments included Carisoprodol and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** MTUS Guidelines are very specific with the statement that Soma is not recommended. It is not recommended due to the activity drug class of the metabolic products, which are the active components. There are no unusual circumstances to justify an exception to Guidelines. The Carisoprodol 350mg. #100 is not supported by Guidelines. It is not medically necessary.

**Percocet 10/325mg #170:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS Guidelines support the careful use of opioids if there is meaningful pain relief, support of functioning and the absence of drug related aberrant behaviors. This individual has met these criteria to support the use of opioids. Prior to the recent surgery significant pain relief and improved functioning was adequately documented and no problematic drug behaviors were noted. There was a recent major spinal surgery just over a month before this prescription and it was documented that Percocet use had increased due to the recent surgery, but on a longer-term basis, tapering was expected, as the surgery appeared successful. Under these circumstances, the Percocet 10/325mg #170 is supported by Guidelines and is medically necessary.