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| <b>Case Number:</b>   | CM15-0167968 |                              |            |
| <b>Date Assigned:</b> | 09/08/2015   | <b>Date of Injury:</b>       | 12/01/2006 |
| <b>Decision Date:</b> | 10/07/2015   | <b>UR Denial Date:</b>       | 07/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2015 |

### 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: 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 48 year old female who sustained an industrial injury on 12-01-06. She had complaints of neck pain with radiation to the right shoulder blade. Progress report dated 7-22-15 reports continued complaints of neck pain that radiates to the right shoulder and trapezius. She also has complaints of lower backache. The pain is rated 9 out of 10 without medications and 4 out of 10 with medications. She reports poor quality of sleep. The pain is well controlled with medications. She has been able to decrease soma. Diagnoses include: cervical disc degeneration, disc disorder cervical, cervical pain and cervical radiculopathy. Plan of care includes: continue medication regimen, continues to decrease soma 1 per day on good days and 2 with increased muscle spasm, prescription at reduced dose #45 per month, continue daily HEP and stretching, gradually increase daily walking and exercise. Work status: permanent and stationary - not currently working. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg tablet, take 1 twice daily as needed, #45 (prescribed 07/22/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29.

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged, P&S and not working. The Soma 350mg tablet, take 1 twice daily as needed, #45 (prescribed 07/22/2015) is not medically necessary and appropriate.

**Oxycontin 60mg tablet take 1 three times a day #90 (prescribed 07/22/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter - Opioids, criteria for use, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2006 injury without acute flare, new injury, or progressive neurological deterioration. The Oxycontin 60mg tablet take 1 three times a day #90 (prescribed 07/22/2015) is not medically necessary and appropriate.

