

Case Number:	CM15-0183081		
Date Assigned:	09/23/2015	Date of Injury:	02/14/2011
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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 58 year old male, who sustained an industrial injury on 02-14-2011. He has reported injury to the neck and low back. The injured worker has been treated for cervical pain; cervical facet syndrome; cervical radiculopathy; lumbar spine degenerative disc disease; and lumbar radiculopathy. Treatments have included medications, diagnostics, lumbar epidural steroid injection, physical therapy, home exercise program, and surgical intervention. Medications have included Oxycontin, Oxycodone, Soma, Lorazepam, Senokot, and Trazodone. A progress report from the treating physician, dated 08-24-2015, documented an evaluation with the injured worker. The injured worker reported neck pain and lower backache; he rates his pain with medications as an 8 on a scale of 1 to 10; he rates his pain without medications as a 10 on a scale of 1 to 10; there are no new problems or side effects; quality of sleep is fair; he does simple chores around the house and minimal activities outside of the house at least two days a week; his activity level has decreased; he is taking his medications as prescribed and states that his medications are working well; and he has been able to increase his activity with his medication regimen by allowing him to tolerate self-care and activities of daily living. It is noted that a lumbar epidural steroid injection, on 08-31-2011, was over 50% effective. Objective findings included he appears to be in severe pain; he has an awkward, slowed, and wide-based gait; assisted by a cane; cervical spine range of motion is restricted and limited by pain; Spurling's maneuver causes pain in the muscles of the neck radiating to the upper extremity; surgical scar noted at the lumbar spine; motor testing is limited by pain; light touch sensation is decreased over medial forearm on the right side and absent over the lateral foot, medial foot on the left side; and sensation to pinprick is absent over the lateral foot, medial foot, and ankle

on the left side. The treatment plan has included the request for Oxycodone 15 mg #180; and Soma 350 mg #120. The original utilization review, dated 09-02-2015, modified the request for Oxycodone 15 mg #180, to Oxycodone 15 mg #162 to wean; and modified the request for Soma 350 mg #120, to Soma 350 mg #108 to wean.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg #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 Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Oxycodone 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 Oxycodone in combination with Oxycontin and Soma for several months within only a 2 point reduction in pain score. The total dosage exceeded the 120 mg of Morphine equivalent recommended for daily use. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Oxycodone is not medically necessary.

Soma 350 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 Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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 Oxycodone which increases side effect risks and abuse potential. There was only a 2 point reduction in pain score with use of high dose opioids and Soma. The use of Soma is not medically necessary.