MAXIMUS Federal Services

| Case Number: | CM15-0191006 | | |
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| Date Assigned: | 10/29/2015 | Date of Injury: | 01/31/1985 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

## 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: Pennsylvania, Ohio, 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 58 year old male, who sustained an industrial injury on 1-31-1985. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, thoracic-lumbosacral neuritis-radiculitis, lumbar degenerative disc disease, cervicalgia, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, unspecified myalgia and myositis, and sacroiliitis. On 8-4-2015, the injured worker reported neck pain and radiating pain to the upper extremities and lower back pain radiating to his lower extremities rating his pain with medication as 4 and without medication as 8 on a scale of 0 to 10. The Primary Treating Physician's report dated 8-4-2015, noted the injured worker had previously been given a Medrol dose pack with some minimal decrease of pain and inflammation. The injured worker's current medications were noted to include Oxycodone, Soma, and Restoril, all prescribed since at least 12-8-2014. The physical examination was noted to show tenderness to palpation lumbar spine midline at L3 to S1 with tenderness over the facet joints L3 to S1 bilaterally with positive provocative test, tenderness to palpation to sacrum and SI joint, and positive bilateral straight leg raise. The cervical spine was noted to have muscle spasms with positive trigger points and tenderness to palpation of C4 to C7, facet joints bilaterally with positive provocative test and tenderness to palpation to the paracervicals, trapezius, and anterior neck with decreased range of motion (ROM). The Physician noted the injured worker status post cervical spine surgery with residual chronic pain with neck pain and cervical radiculopathy, and status post multiple lumbar spine surgeries with residual chronic pain and failed back surgery syndrome. The Physician noted an opioid agreement, CURES, monitoring for chronic opioid use, and medical necessity

established for opioid use. The treatment plan was noted to include continued medications and recommendation for a caudal epidural steroid injection (ESI). The request for authorization was noted to have requested caudal epidural steroid injection (ESI), Soma unknown prescription, Restoril 30mg unknown prescription, and Oxycodone unknown prescription. The Utilization Review (UR) dated 9-10-2015, conditionally non-certified the request for caudal epidural steroid injection (ESI), non-certified the requests for Soma unknown prescription and Restoril 30mg unknown prescription, and modified the request for Oxycodone unknown prescription to certification of one prescription of Oxycodone 10mg up to #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma Unknown prescription:** 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 does not recommend use of Carisoprodol (Soma), particularly for long-term use or in combination with hydrocodone or other opioids. This medication has abuse potential for sedative and relaxant effects; abuse has also been noted in order to augment or alter effects of other drugs. MTUS recommends other first-line medications rather than Soma for pain or muscle spasm. The records do not provide an alternate rationale to support this request. This request is not medically necessary.

**Restoril 30mg Unknown prescription:** 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): Benzodiazepines.

**Decision rationale:** Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.

**Oxycodone Unknown prescription:** 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): Opioids, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4 A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Moreover, insufficient detail has been provided regarding the dosage and quantity of medication requested at this time. For these multiple reasons, this request is not medically necessary.