

<b>Case Number:</b>	CM15-0192996		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Texas, Illinois

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 injured worker is a 43 year old female who sustained an industrial injury on 08-25-2003. A review of the medical records indicated that the injured worker is undergoing treatment for cervical degenerative disc disease, cervical spondylosis, and displacement of cervical intervertebral disc without myelopathy, cervical radiculopathy and arthropathy of cervical facet joint. According to the treating physician's progress report on 07-17-2015, the injured worker continues to experience neck pain radiating to the shoulder rated at 4-5 out of 10 with medications and 8-9 out of 10 on the pain scale without medications. Cervical epidural steroid injection on 03-21-2015 gave approximately 70% benefit for approximately 4 months. The injured worker reported that rest medications keep a manageable level of pain to perform activities of daily living like vacuuming, shopping and laundry. The injured worker has returned to full duty working on a computer with neck pain and headaches returning. Examination demonstrated range of motion was 80% restricted in all planes, greater on the left side. There was some intermittent hypoesthesia in the bilateral hands noted. Prior treatments have included diagnostic testing, physical therapy, cervical epidural steroid injection, home exercises and medications. Current medications were listed as Xartemis XR (at least since 03-2015), Ultram and Flexeril. Treatment plan consists of continuing with heat, ice, gentle stretching and exercise, chronic pain medication regimen, cervical epidural steroid injection and the current request for Soma 4 times a day #120 and Xartemis 1-2 by mouth twice a day. Soma was prescribed in 06- 2015 though it is unclear if the injured worker is taking this. The current request indicates an increase to 4 times a day from the previous request of 3 times a day. On 09-16-2015 the Utilization Review determined the request for Soma 4 times a day #120 and Xartemis 1-2 by mouth twice a day was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 4 times a day #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on 08-25-2003 . The medical records provided indicate the diagnosis of cervical degenerative disc disease, cervical spondylosis, and displacement of cervical intervertebral disc without myelopathy, cervical radiculopathy and arthropathy of cervical facet joint. Treatments have included heat, ice, gentle stretching and exercise, chronic pain medication regimen, cervical epidural steroid injection and the current request for Soma 4 times a day #120 and Xartemis 1-2 by mouth twice a day. The medical records provided for review do not indicate a medical necessity for Soma 4 times a day #120. Soma (carisoprodol), is a muscle relaxant with a recommended dosing of 250 mg-350 mg four times a day for not more than 2-3 weeks. The MTUS Recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain, but the medical records indicate the injured worker has been using muscle relaxants for a long time. The requested treatment is not medically necessary because the injured worker has already used muscle relaxants for a long time; besides the requested quantity exceeds the recommended 2-3 weeks usage. Therefore, the request is not medically necessary.

**Xartemis 1-2 by mouth twice a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Xartemis XR (oxycodone & acetaminophen).

**Decision rationale:** The injured worker sustained a work related injury on 08-25-2003 . The medical records provided indicate the diagnosis of cervical degenerative disc disease, cervical spondylosis, and displacement of cervical intervertebral disc without myelopathy, cervical radiculopathy and arthropathy of cervical facet joint. Treatments have included heat, ice, gentle stretching and exercise, chronic pain medication regimen, cervical epidural steroid injection and the current request for Soma 4 times a day #120 and Xartemis 1-2 by mouth twice a day. The medical records provided for review do not indicate a medical necessity for: Xartemis 1-2 by mouth twice a day. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the long term use of opioids; however, if used for longer than 6 months, the MTUS recommends documentation of pain and functional improvement in numerical values and comparing with baseline every 6

months. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Additionally, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The Official Disability Guidelines states that Xartemis is an extended-release combination of oxycodone and acetaminophen for patients for whom alternative treatment options are ineffective, not tolerated, or would otherwise be inadequate; it is not recommended as a first-line choice. Although this injured worker is back to work, the medical records indicate the long term use of the medication, but with no documentation comparing pain and function with baselines. Besides, the pain appears to be increasing. Also, the medical records do not indicate the injured worker is properly monitored for aberrant behavior. Therefore, the request is not medically necessary.