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| <b>Case Number:</b>   | CM15-0197431 |                              |            |
| <b>Date Assigned:</b> | 10/12/2015   | <b>Date of Injury:</b>       | 11/16/2002 |
| <b>Decision Date:</b> | 11/30/2015   | <b>UR Denial Date:</b>       | 09/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2015 |

### 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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 16, 2002. In a utilization review report dated September 30, 2015, the claims administrator failed to approve a request for Percocet and Soma while apparently approving a request for OxyContin. A September 17, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said September 17, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant was using a cane to move about. The applicant exhibited a visibly antalgic gait. Percocet, OxyContin, and Soma were endorsed. The applicant's pain complaints were described as "intolerable," it was stated in one section of the note. The attending provider suggested the applicant find a chronic pain physician to treat him. Little seeming discussion of medication efficacy transpired. The applicant was using six tablets of Percocet a day, it was reported. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On February 24, 2015, it was acknowledged the applicant continued to have difficulty ambulating and was using a cane to move about on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** 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:** No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on September 17, 2015 office visit at issue, suggesting the applicant was not, in fact, working with permanent limitations in place as of that date. The attending provider failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.

**Soma 350mg #120:** 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), Muscle relaxants (for pain).

**Decision rationale:** Similarly, the request for Soma was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using two separate opioid agents, OxyContin and Percocet. The addition of carisoprodol or Soma to the mix was not recommended. The 120-tablet renewal request for Soma, in and of itself, moreover, represented treatment in excess of the 2- to 3-week limit established on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines for carisoprodol usage. Therefore, the request was not medically necessary.