

<b>Case Number:</b>	CM15-0201127		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Montana

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 42-year-old male, who sustained an industrial injury on 6-16-03. The injured worker was diagnosed as having headache-facial pain and low back pain. Subjective findings (4-23-15, 6-18-15, 7-16-15) indicated 7-9 out of 10 pain with medications and 10 out of 10 pain without medications. The treating physician noted that Soma decreases pain from 8 out of 10 to 4 out of 10. Objective findings (4-23-15, 5-21-15, 6-18-15, 7-16-15) revealed "restricted" cervical and lumbar range of motion and a positive Spurling's maneuver. As of the PR2 dated 8-13-15, the injured worker reports facial pain. He rates his pain 9 out of 10 with medications and 10 out of 10 without medications. The treating physician noted that Soma allows the injured worker to exercise 3 days a weeks and do cooking and cleaning and Oxycodone is used 5-10 times a month for severe pain. Objective findings include "restricted" cervical and lumbar range of motion and a positive Spurling's maneuver. Current medications include Norco, Naproxen, Seroquel, Zoloft, Neurontin, Soma (since at least 9-28-12) and Oxycodone (since at least 9-28-12). Treatment to date has included acupuncture x 3 sessions (stopped due to anxiety from needles) and a urine drug screen on 5-21-15 with results consistent with prescribed medications. The Utilization Review dated 9-18-15, non-certified the request for Soma 350mg #56 and Oxycodone 15mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Soma 350mg #56: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Carisoprodol (Soma).

**Decision rationale:** The MTUS notes that Soma (carisoprodol) is not recommended for longer than a 2 to 3 week period. It is metabolized to meprobamate, which requires classification as a schedule IV drug in some states. Withdrawal symptoms may occur with sudden discontinuation. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. The ODG guidelines state that Soma is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a Schedule-IV controlled substance). As of January 2012, carisoprodol is scheduled by the DEA as a Schedule IV medication. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse: Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case, the medical records document long-term use of Soma. The current request is for a 1-month additional supply. The guidelines clearly note that Soma is not approved for long-term use beyond 2-3 weeks. The request for Soma 350mg #56 is not consistent with the MTUS and ODG guidelines and is not medically necessary.

### **Oxycodone 15mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

**Decision rationale:** The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of oxycodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain

relief lasts. For continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. The use of controlled release oxycodone is not recommended for PRN use however, the use of oxycodone immediate release tablets would be an appropriate alternative for breakthrough pain. In this case, the medical records do document long-term use of oxycodone for severe breakthrough pain with no side effects or aberrant pain behaviors. The treating physician is a pain specialist and a pain contract is in place. Urine drug testing confirms appropriate use of medications. The oxycodone has not been refilled on a monthly basis. The medical records document that the current regimen provides significant pain relief with functional improvement related to ADLs and ability to exercise. The ongoing requirement for oxycodone 15mg #90 for severe breakthrough pain is justified and is considered medically necessary.