

<b>Case Number:</b>	CM15-0203481		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	06/02/2005
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 54 year old male, who sustained an industrial injury on 06-02-2005. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar disc displacement, chronic low back pain and lumbar radiculopathy. Medical records (03-05-2015 to 09-17-2015) indicate ongoing low back pain that radiates both upwards and downwards with left side worse than right. Pain levels were rated 6 out of 10 in severity on a visual analog scale (VAS) and described as constant and sharp. The IW also reported mild numbness, tingling and weakness as well as spasms in the left lower extremity. Records also indicate no changes in activity levels or level of functioning. The IW's work status was not specified. The physical exam, dated 09-17-2015, revealed a normal gait, difficulty walking on heels due to pain, paralumbar spasms and tenderness on the left, atrophy in the quadriceps, limited and painful range of motion in the lumbar spine, positive straight leg raise on the left at 40°, absent deep tendon reflexes at the knees, and decreased sensation on the left. Relevant treatments have included: physical therapy (PT) with reported benefit, work restrictions, and medications (Soma, OxyContin, Percocet, and tramadol since at least 04-2015). The IW reported that medications helped reduce pain and allowed increased functioning; however, the medical records did not indicate ongoing improvement. The treating physician indicates that urine toxicology screenings have been consistent with prescribed medications. The PR and request for authorization (08-20-2015) shows that the following medications and treatment were requested: Soma 350mg #73 (30 days), OxyContin ER 40mg #100 (30 days), tramadol 50mg #108 (30 days), Percocet 10-325mg #150 (30 days), and 8 sessions of acupuncture for the lumbar spine.

The original utilization review (10-09-2015) non-certified the requests for Soma 350mg #73 (30 days), OxyContin ER 40mg #100 (30 days), tramadol 50mg #108 (30 days) and Percocet 10-325mg #150 (30 days), and partially approved the request for 8 sessions of acupuncture for the lumbar spine (modified to 6 sessions).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg, 30 days, #73: Upheld**

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

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, soma is a DEA Class IV muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been diagnosed with chronic back pain of the spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Soma is not medically necessary.

**OxyContin ER 40mg, 30 days #100: 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 for chronic pain.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Oxycontin is not medically necessary.

**Tramadol 50mg 30 days #108: 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 for chronic pain.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per MTUS guidelines, "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction." Per ODG, Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. "Hypoglycemia adds to mounting concerns about tramadol, a weak opioid, that counter the perception that it is a safer alternative to full opioids." This patient has chronic pain which is currently being treated with opioids. The patient is at risk for addiction due to his current opioid use. Therefore, based on the submitted medical documentation, the request for tramadol is not medically necessary.

**Percocet 10/325mg 30 days #150: 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 for chronic pain.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Percocet is not medically necessary.

**Acupuncture for the Lumbar Spine x8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of acupuncture testing for this patient. The California MTUS Acupuncture guidelines address the topic of neck/cervical acupuncture. In accordance with California MTUS Acupuncture guidelines "Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented." This patient has been prescribed acupuncture for 8 sessions. He has been diagnosed with chronic back pain. Based on MTUS guidelines, a trial of acupuncture is clinically appropriate but the requested duration exceeds guidelines of 3-6 sessions to assess efficacy. Therefore, based on the submitted medical documentation, the request for acupuncture testing is not medically necessary.