

<b>Case Number:</b>	CM15-0205716		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old male who sustained a work-related injury on 2-14-11. Medical record documentation on 9-17-15 revealed the injured worker was being treated for lumbar degenerative disc disease, cervical facet syndrome, cervical pain, cervical radiculopathy, lumbar radiculopathy and knee pain. He rated his pain a 10 on a 10-point scale with and without the aid of medications (8 with medications and 10 without medications on 8-24-15). His quality of sleep was poor. Objective findings were not documented. The injured worker's medication regimen included Soma 350mg, Oxycodone 15 mg, Oxycontin 40 mg, Aspirin 80 mg, Fenofibrate 145 mg and Lorazepam 1m. The injured worker used Soma 350 mg, Oxycodone 15 mg and Oxycontin 30 mg since at least 5-7-15. The evaluating physician noted that the injured worker continued to do activities and improve his functioning. His medication regimen allowed him to tolerate activities and an attempt at weaning medications would be attempted at the following evaluation. Objective findings on 8-24-15 included an awkward, slow, wide-based gait assisted by a cane. His cervical spine range of motion was restricted with flexion limited to 20 degrees and limited by pain, extension to 15 degrees and limited by pain, bilateral lateral bending limited to 10 degrees and bilateral lateral rotation limited to 40 degrees. Spurling's maneuver caused pain in the muscles radiating to the upper extremity. Sensation to light touch was decreased on the medial forearm on the right, absent over the later and medial left foot. Sensation to pinprick was absent over the lateral, medial and ankle on the left lower extremity. A request for Norco 10-325 mg #120, Oxycontin 30 mg #60, oxycodone 15 mg #180 and Soma 350mg #120 was received on 10-6-15. On 10-8-15, the Utilization Review physician modified Oxycontin 30 mg #60 and

oxycodone 15 mg #180 to Oxycontin 30 mg #48 and Oxycodone 15 mg #150 and determined Soma 350mg #120 and Norco 10-325 mg #120 were not medically necessary.

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

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

**Norco 10/325mg, #120:** 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, criteria for use.

**Decision rationale:** Norco 10/325mg, #120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

**Oxycontin 30mg, #60:** 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, criteria for use.

**Decision rationale:** Oxycontin 30mg, #60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

**Oxycodone 15mg, #180:** 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, criteria for use.

**Decision rationale:** Oxycodone 15mg, #180 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

**Soma 350mg, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Soma 350mg #120 are not medically necessary. CA MTUS states that Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant and its primary active metabolite is meprobamate (schedule for controlled substances). Carisoprodol is now scheduled in several states but not on the federal level. Since been suggested that the main affect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedatives and relaxants effects. In regular basis to maintain concern is the cannulation of medical date. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: Increasing sedation of benzodiazepines or alcohol; used to prevent side effects of cocaine; use with tramadol to produce relaxation and euphoria; as a combination with hydrocodone, and affected some abusers claim is similar to heroin; the combination with codeine. There was a 300% increase in numbers of emergency room episodes related to Terrace Woodall from 1994 2005. Intoxication appears to include subjective consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both cars up at all and meprobamate, both of which act on different neurotransmitters. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. This is similar to withdrawal from meprobamate. There is little research in terms of weaning of high dose carries up at all and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of a stroke. Another option is to switch to phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of phenobarbital is 500 mg per day and the taper is 3 mg per day with a slower taper in an outpatient setting. Tapering should be individualized to reach patient. There was no specific time limit for the prescription of this medication or a weaning protocol; therefore, Soma is not medically necessary.

