

<b>Case Number:</b>	CM15-0040895		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	10/25/2001
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on 10/25/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy and lumbar disc degeneration. Treatment to date has included conservative measures, including diagnostics, physical therapy, and medications. A progress report, dated 1/13/2014, noted a non-industrial injury, with pelvic and thoracic pain. A progress report, dated 8/15/2014, noted an interim motor vehicle accident, with complaints including increased lumbar pain, as well as cervical pain with headaches. The PR2 report, dated 1/29/2015, noted that the injured worker had sufficient time to recover from non-industrial accidents, with a plan to wean medications and focus on functional restoration. Current complaints of the injured worker were not noted. Pain index rating was 8. Current medications included Clonazepam, Oxycodone 10mg tablets-taking 2 tablets 5 times daily, Soma 350mg three times daily, Valium, Cymbalta, Gabapentin, Ibuprofen, Lidoderm, and Voltaren Gel. She was asked to wean Oxycodone by 10mg per week, wean Valium, and wean of Soma to be addressed in the future.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 100mg a day in divided doses to be reduced by 10mg per day each week:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 01/29/15 progress report provided by treating physician, the patient presents with a diagnosis of displacement of cervical intervertebral disc without myelopathy and degeneration of lumbar disc, and pain rated 7/10. The request is for OXYCODONE 100MG A DAY IN DIVIDED DOSES TO BE REDUCED BY 10 MG PER DAY EACH WEEK. No RFA provided. Patient's medications include Clonazepam, Oxycodone, Soma, Valium, Cymbalta, Gabapentin, Ibuprofen, Lidoderm, and Voltaren Gel. The patient is permanent and stationary, per treater report dated 02/26/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Oxycodone has been included in patient's medications per treater reports dated 01/31/14, 01/29/15 and 02/26/15. In this case, treater has not stated how Oxycodone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Soma 350mg one (1) three times a day #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Based on the 01/29/15 progress report provided by treating physician, the patient presents with a diagnosis of displacement of cervical intervertebral disc without myelopathy and degeneration of lumbar disc, and pain rated 7/10. The request is for SOMA 350MG ONE (1) THREE TIMES A DAY #90. No RFA provided. Patient's medications include Clonazepam, Oxycodone, Soma, Valium, Cymbalta, Gabapentin, Ibuprofen, Lidoderm, and Voltaren Gel. The patient is permanent and stationary, per treater report dated 02/26/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with

caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. "Soma has been included in patient's medications per treater reports dated 01/31/14, 01/29/15 and 02/26/15. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Furthermore, the request for quantity 90 with 1 refill does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.