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| <b>Case Number:</b>   | CM15-0047638 |                              |            |
| <b>Date Assigned:</b> | 03/19/2015   | <b>Date of Injury:</b>       | 08/20/2013 |
| <b>Decision Date:</b> | 04/24/2015   | <b>UR Denial Date:</b>       | 03/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/13/2015 |

### 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: 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 60-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 20, 2013. In a Utilization Review Report dated March 11, 2015, the claims administrator failed to approve requests for Percocet and Soma. The applicant's attorney subsequently appealed. In an appeal letter dated March 12, 2015, the attending provider stated that she believed the applicant had profited as a result of ongoing medication consumption. The attending provider contended that the applicant's ability to perform activities of self-care and personal hygiene had reportedly been ameliorated as a result of ongoing medication consumption. The attending provider did not outline the applicant's work status, however. On January 12, 2015, the applicant reported ongoing complaints of low back pain. The applicant had electrodiagnostically confirmed lumbar radiculopathy, it was acknowledged. The applicant was using Norco, Soma, Medrol, and Naprosyn, it was stated on this occasion. The applicant was still smoking. The applicant had had previous sacroiliac joint injections, it was incidentally noted. Soma and tramadol were apparently renewed, without any seeming discussion of medication efficacy. The applicant's work status was not clearly outlined. In a progress note dated February 11, 2015, the applicant reported persistent complaints of low back pain radiating to the left leg, 8/10 without medications versus 5/10 with medications. The applicant was on Soma and Norco, it was stated. The applicant's BMI was 28. The applicant was described as having taken a disability-based retirement. Neurontin, Percocet, and Soma were endorsed. It was suggested that the applicant was being given Percocet to replace Norco, which was reportedly being discontinued. The

attending provider did not furnish much in the way of a rationale for discontinuation but seemingly suggested that Norco was not as effective as in the past.

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

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

#### **Oxycodone-acetaminophen 5-325mg #150: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone-acetaminophen; Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid hyperalgesia Page(s): 96.

**Decision rationale:** Yes, the request for oxycodone-acetaminophen (Percocet), a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 96 of the MTUS Chronic Pain Medical Treatment Guidelines, opioid rotation is an option in the treatment of applicants who develop issues with opioid hyperalgesia. Here, the attending provider's documentation of February 11, 2015, while sparse, did seemingly suggest that analgesia with previously prescribed Norco was unsatisfactory and that the applicant was therefore asked to switch over to another short-acting opioid, Percocet. Therefore, the first-time request for oxycodone-acetaminophen was medically necessary.

#### **Soma 350mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** Conversely, the request for Soma (carisoprodol) was not medically necessary, medically appropriate, or indicated here. Unlike the request for oxycodone-acetaminophen (Percocet), the request for Soma (carisoprodol) was, in fact, a renewal request. The applicant was using carisoprodol (Soma) prior to the February 11, 2015 office visit at issue. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines does not recommend chronic or long-term usage of Soma (carisoprodol) and further cautions against usage of Soma in conjunction with opioid agents. Here, the applicant was concurrently using opioid agents, including the concurrently prescribed Percocet. Therefore, the request for Soma was not medically necessary.