

<b>Case Number:</b>	CM15-0052855		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 16, 2011. In a Utilization Review report dated March 15, 2015, the claims administrator failed to approve a request for Percocet and Soma. A March 17, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated June 17, 2013, the medical-legal evaluator acknowledged that the applicant was a qualified injured worker. The medical-legal evaluator stated that he was skeptical that the applicant could ever return to meaningful employment. In a handwritten progress note dated September 29, 2014, Percocet was renewed, without any seeming discussion of medication efficacy. On February 17, 2015, Percocet and Soma were both renewed, without any explicit discussion of medication efficacy. The applicant was described as having sustained a recent flare and pain. On January 20, 2015 and on March 17, 2015, Percocet and Soma were again renewed, without any seeming discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10mg tablets Qty: 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. Here, however, the applicant was off of work as of the date of the request. The applicant's medical-legal evaluator noted in late 2014 that the applicant was no longer working and had little-to-no likelihood of returning to the workplace. The handwritten progress notes of early 2015 were difficult to follow, not entirely legible, and did not contain any description of medication efficacy. The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.

**Soma 350mg tablets Qty: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29.

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

**Decision rationale:** Similarly, the request for carisoprodol (Soma) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using opioids, namely Percocet. Continued usage of Soma was not, does, thus, indicated here, per page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.