

<b>Case Number:</b>	CM15-0060464		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/07/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 57 year old female who sustained an industrial injury on 05/07/2009. Diagnoses include low back pain with degenerative disc disease, and post laminectomy syndrome. Treatment to date has included diagnostic studies, surgery, medications, physical therapy, bracing, massage, aquatic therapy, facet injections, epidural injections, chiropractic therapy, and acupuncture. A physician progress note dated 02/17/2015 documents the injured worker has back pain radiating down her left lower extremity with numbness from her shin to about 6 inches above the left. She finds Soma is more helpful for the back and leg pain than the patch. She has a limp and her left leg gives out. Bowel and bladder function are marked by occasional bowel incontinence. The injured worker has absent patella reflex on the left, and decreased sensation left L3 and L4 distribution but now more the side and back of the calf; above and along the front of the leg. Now she has numbness at right ankle and top of foot. Her back has pain at the lumbosacral junction and just above, more pain on the left than the right today. Treatment requested is for Oxycodone 10mg #210, and Soma 350mg #180 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for oxycodone is not medically necessary. The patient is taking oxycodone for chronic back pain. The chart does not provide any documentation of improvement in pain and function with the use of oxycodone. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief oxycodone provided for the chronic back pain. Because there was no documented improvement in pain or evidence of objective functional gains with the use of oxycodone, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of oxycodone outweigh the benefits. The request is considered not medically necessary.

**Soma 350mg #180 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 66, Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

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

**Decision rationale:** The request for Soma is not medically necessary. This centrally-acting muscle relaxant is not indicated for long-term use and the patient has been on it long-term. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. The patient is currently on oxycodone as well. Weaning is required due to potential withdrawal syndrome. The risks of carisoprodol appear to outweigh the benefits. Therefore, it is considered not medically necessary.