

<b>Case Number:</b>	CM15-0066044		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 47-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 27, 2010. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve requests for oxycodone, Soma, Ativan, and MS Contin. The claims administrator referenced a March 5, 2015 order form in its determination. The applicant's attorney subsequently appealed. In a progress note dated March 12, 2015, somewhat blurred and shrunken as a result of repetitive photocopying and faxing, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy. Ancillary complaints of hip pain, anxiety, muscle spasms, depression, and insomnia were reported. Morphine, Ativan, Soma, and physical therapy were endorsed. It was stated that the applicant had limitations imposed by a medical-legal evaluator. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The applicant's medications included Wellbutrin, Ativan, Ambien, morphine, oxycodone, and Soma, it was stated in another section of the note. On April 14, 2015, oxycodone, MS Contin, and Soma were renewed. On April 30, 2015, the applicant reported severe back pain complaints. The applicant was trying to cease smoking, it was suggested. The applicant remained quite anxious and receiving Ativan for the same. The applicant reported 10/10 pain without medications versus 7/10 with medications. The applicant had had physical therapy, acupuncture, spine surgery, it was reiterated. Multiple medications were renewed. The applicant had apparently been given permanent work restrictions. The applicant was reportedly planning to go back to school. It was suggested (but not clearly stated) that the applicant was not, in fact, working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #180: Upheld**

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

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

**Decision rationale:** No, the request for oxycodone, 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 because of the same. Here, however, the applicant was seemingly not working; it was suggested (but not clearly stated) on progress notes of March and April 2015, referenced above. While the attending provider did recount some low-grade reduction in pain scores from 10/10 without medications to 7/10 with medications, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.

**Soma 350mg #90 with 1 refill: Upheld**

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

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

**Decision rationale:** Similarly, the request for Soma (carisoprodol) 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 90-tablet, one-refill supply of Soma at issue did suggest chronic, long-term, and thrice daily usage of the same, i.e., treatment that was not in-line with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines further cautions against usage of carisoprodol in conjunction with opioid agents. Here, the applicant was, however, using two separate opioid agents, morphine and oxycodone. Continued usage of Soma, thus, was not indicated, in the clinical context present here. Therefore, the request was not medically necessary.

**Lorazepam 0.5mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 402.

**Decision rationale:** The request for lorazepam (Ativan) was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as lorazepam (Ativan) is employed for "brief periods," in cases of overwhelming symptoms, here, however, the 60-tablet, three-refill supply of lorazepam (Ativan) at issue represented chronic, long-term, and twice-daily usage of Ativan, for anxiolytic effect. This is not, however, an ACOEM-endorsed role for the same. The attending provider, it was further noted, also suggested on March 12, 2015 that the applicant was using two separate sedating agents, namely lorazepam (Ativan) and zolpidem (Ambien). The attending provider did not furnish a clear or compelling rationale for concurrent usage of two separate sedative agents. Therefore, the request was not medically necessary.

**MS Contin 30mg #90:** Upheld

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

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

**Decision rationale:** Finally, the request for MS Contin, a long-acting opioid, was likewise 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 as a result of the same. Here, however, the applicant did not appear to be working, it was suggested on progress notes of March 5, 2015 and April 30, 2015, referenced above. While the attending provider did recount some low-grade reduction in pain scores from 10/10 without medications to 7/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing MS Contin usage. Therefore, the request was not medically necessary.