

<b>Case Number:</b>	CM13-0040110		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/26/2001
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male who reported an injury on 4/26/01. The mechanism of injury was not provided. The documentation of 8/30/13 revealed that the injured worker had not been in the office for over a year as he had major depression and was not able to leave the house. The injured worker's current complaints were low back pain with radiation to the lower extremities, left greater than right; legs occasionally giving out; neck pain; mid back pain; right shoulder pain; and left shoulder pain, along with nausea and vomiting. The physical examination showed mild to moderate tenderness in the paralumbar region with decreased range of motion. The injured worker had paracervical muscles with slight spasm and tenderness, more left than right. The diagnoses included lumbar strain with lumbar radiculopathy; bilateral lumbar radiculopathy, left greater than right; left shoulder strain/impingement; right shoulder strain; cervical strain; thoracic strain; and right hip pain. The treatment plan included the Oxycontin 30mg quick release, Oxycontin 80mg slow release, Soma twice a day, Valium at nighttime, and Paxil. Additionally, the request as made for the trial of an OrthoStim 3 muscle stimulator, and a psychiatric consultation due to severe depression and agoraphobia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 30MG QUICK RELEASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, On-Going Management, Opioid Dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS guidelines recommend opiates for the treatment of chronic pain; however, there should be documentation of an objective improvement in function, objective decrease pain and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120gm of oral morphine equivalents per day. The clinical documentation submitted for review indicated that the injured worker was taking both Oxycontin 30mg (quick release) and Oxycontin 80mg (extended release). The request as submitted failed to include the frequency and quantity being requested. As such, there could be no way to address the oral morphine equivalence, in particular whether or not it exceeded 120gm. There was a lack of documentation of the above recommendations to support ongoing usage. The duration of use could not be established with the supplied documentation either, as there was no documentation prior to 8/30/13. Given the above, the request for Oxycontin quick release is not medically necessary.

**SOMA 350MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain; their use is recommended for less than three weeks. There should be documentation of objective functional improvement, as well. The clinical documentation submitted for review indicated that the injured worker had previously been on Soma. The duration could not be established through the supplied documentation, as there was no documentation prior to 8/30/13. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of objective functional benefit from the medication. Given the above, the request for Soma is not medically necessary.