

<b>Case Number:</b>	CM14-0146005		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/23/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Family Medicine and is licensed to practice in California. 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:

This 53 year old patient had a date of injury on 10/23/2006. The mechanism of injury was not noted. In a progress noted dated 2/26/2014, subjective findings included increased back in lower back radiating to both lower extremities. The majority of the progress notes were illegible. On a physical exam dated 2/26/2014, objective findings included restricted motion in lumbar spine. The majority of the progress notes were illegible. The diagnostic impression shows lumbar/cervical discogenic disease, lumbar radiculitis. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/25/2014 denied the request for Tylenol #3, Oxycodone/acetaminophen, and hydrocodone/acetaminophen, stating there is no documentation of signed pain contract, risk assessment, urine drug screens, and attempts at weaning and tapering as indicated by CA MTUS guidelines. Carisoprodol was denied, stating that patient has been taking Soma for 8 years, and there is no evidence of muscle spasm in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACETAMINOPHEN/CODEINE #3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the most recent progress report dated 2/26/2014, there was no documented functional improvement noted with the opioid regimen. Furthermore, there was no clear rationale provided as to why this patient requires 3 different opioids, with each containing acetaminophen. This can put this patient at risk for hepatotoxicity. Lastly, the quantity was not provided in this request. Therefore, the request for Tylenol #3 is not medically necessary.

**OXYCODONE/ACETAMINOPHEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the most recent progress report dated 2/26/2014, there was no documented functional improvement noted with the opioid regimen. Furthermore, there was no clear rationale provided as to why this patient requires 3 different opioids, with each containing acetaminophen. This can put this patient at risk for hepatotoxicity. Lastly, the quantity was not provided in this request. Therefore, the request for Oxycodone/acetaminophen is not medically necessary.

**HYDROCODONE/ACETAMINOPHEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the most recent progress report dated 2/26/2014, there was no documented functional improvement noted with the opioid regimen. . Furthermore, there was no clear rationale provided as to why this patient requires 3 different opioids, with each containing acetaminophen. This can put this patient at risk for hepatotoxicity. Lastly, the quantity was not provided in this request. Therefore, the request for hydrodone/acetaminophen is not medically necessary.

**CARISOPRODOL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

**Decision rationale:** CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. In a progress report dated 2/26/2014, there was no documentation of an acute exacerbation of pain or muscle spasms. Furthermore, Soma is known to increase the effects of opioids, which can increase risk of opioid toxicity. Symptoms such as respiratory depression can death can occur with opioid toxicity. Therefore, the request for Soma is not medically necessary.