

<b>Case Number:</b>	CM14-0166174		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 46-year-old male who reported an injury on 02/22/2010. The mechanism of injury was not stated. The current diagnoses include cervical disc disease, status post lumbar spine fusion with continued pain, history of hypertension, and nonindustrial abdominal hernia. The injured worker was evaluated on 09/15/2014. The current medication regimen includes Soma 350 mg and oxycodone 10/325 mg. Physical examination revealed marked tenderness over the left upper extremity and lumbar spine. Treatment recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 09/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines states muscles relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should

not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized this medication since 04/2014. There was no documentation of spasticity or palpable muscle spasm upon physical examination. California MTUS Guidelines do not recommend long term use of muscle relaxants. Additionally, there is no frequency listed in the request. Therefore, the request is not medically appropriate.

**Oxycodone 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 06/2014 without any evidence of objective functional improvement. The injured worker continues to present with 10/10 pain. There is also no frequency listed in the request. As such, the request is not medically appropriate.