

<b>Case Number:</b>	CM14-0176574		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	03/27/2003
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 71 year old female with date of injury 3/27/03. The treating physician report dated 8/8/14 indicates that the injured worker presents with exacerbation of lower back pain with radiating pain down the legs. The physical examination findings reveal lower back pain, possible radiculopathy, decrease of range of motion and limited daily activities. The treating physician has diagnosed the injured worker with lower back pain. The utilization review report dated 10/9/14 denied the request for Soma, Opana and Oxycodone based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg/tab 1 tab TID #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma),Muscle relaxants (for pain)Carisoprodol (Soma, Soprodal 350, Vanadom.

**Decision rationale:** The current request is for Soma 350mg/tabs 1 tab TID #90. The treating physician reported on 5/7/14 that the injured worker has moderate to severe pain, on 7/10/14 the

pain was a 6/10 and on 8/8/14 there is no description of the "lower back pain" that is reported. The reports provided indicate that the injured worker was prescribed Soma since at least 4/16/14. The MTUS guidelines are very clear regarding Soma which states, "Not recommended. This medication is not indicated for long-term use." Continued usage of this muscle relaxant is not supported by MTUS beyond 2-3 weeks. There is no compelling rationale provided by the treating physician to continue this injured worker on this centrally acting skeletal muscle relaxant beyond the MTUS guideline recommendation of 2-3 weeks. The request for Soma 350mg/tab 1 tab TID #90 is not medically necessary.

**Opana ER 20mg/tab 1 tab BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 74-96; 88, 89, 78.

**Decision rationale:** The current request is for Opana ER 20mg/tabs 1 tab BID #60. The treating physician has prescribed Opana since at least 4/16/14 and the reports provided do not provide any documentation of the effects of this medication. MTUS does support the usage of Oxymorphone (Opana). MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this injured worker, none of these are provided. The treating physician in this case has failed to document the injured worker's pain levels with and without medication and there is nothing to indicate that improved function is being measured on a numerical scale or validated instrument. MTUS requires much more documentation to show that this medication is efficacious in terms of pain and function. Given the lack of documentation, the request for Opana ER 20mg/tab 1 tab BID #60 is not medically necessary.

**Oxycodone 10mg/tab 1 tab 4x a day #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 74-96; 88, 89, 78.

**Decision rationale:** The injured worker presents with lower back pain radiating down the legs of unknown intensity and duration. The current request is for Oxycodone 10mg/tab 1 tab 4x a day

#120. The treating physician has prescribed Oxycodone since at least 4/16/14 and the reports provided do not provide any documentation of the effects of this medication. MTUS does support the usage of Oxycodone for the treatment of moderate to severe pain. MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. The treating physician in this case has failed to provide any of the necessary documentation to determine the efficacy of this medication. There is no measurement of improved function and there is no way to determine if the medication is providing any benefit to this injured worker. Given the lack of documentation, the request for Oxycodone 10mg/tab 1 tab 4x a day #120 is not medically necessary.