

<b>Case Number:</b>	CM14-0210826		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/12/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 67-year-old female with a date of injury of 10/12/2010. Her diagnoses include lumbago, lumbar radiculopathy, lumbar spondylosis, and myofascial pain. Past treatments include chiropractic and 3 ESIs. Diagnostic studies from 2012 indicate, at C3-4, disc osteophyte complex with moderate central stenosis with cord signal change, and at C4-5, moderate central narrowing with moderate to severe bilateral neural foraminal narrowing, and at C5-6, demonstrates a flattening hemicord and central stenosis. On 11/13/2014, the injured worker complained of continued neck pain especially when she looks up. Her symptoms included numbness in her hands with difficulty with dexterity. She also complains of low back pain, mostly right sided, which sometimes radiated into her back. It is made worse with bending backwards or forwards. Upon physical examination of the cervical spine, it was noted bilateral hand sensation is slightly decreased in a nondermatomal fashion. Deep tendon reflexes were 3+ at the right triceps, 2+ at the left triceps, 3+ biceps right sided, and 2+ brachioradialis bilaterally. Motor strength is 4+/5 bilaterally, and Positive Hoffmann's test, Spurling's test and Lhermitte's sign. Her current medications are ibuprofen. The treatment plan was for an anterior cervical discectomy at C3-4, C4-5, and C5-6. The request is for post-op Percocet 5/325 #60, post-op Soma 350mg #60, and post-op Colace 100mg #60 medications and the rationale was not provided. The Request for Authorization form is provided and dated 11/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Percocet 5/325 #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone/acetaminophen (Percocet Page(s): 92.

**Decision rationale:** The request for post-op Percocet 5/325 #60 is not medically necessary. The patient presented on 11/13/2014. The request was made for surgery, anterior cervical discectomy of C3-4, C4-5, and C5-6. According to the California MTUS, Percocet is an often used for intermittent or breakthrough pain. There is no clinical documentation of the surgery being scheduled or performed. As the request for surgery is not supported, the use of Percocet post-op is also not supported. As submitted, the request failed to address the frequency of the medication. As such, the request for post-op Percocet 5/325 #60 is not medically necessary.

**Post-op Soma 350mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Carisoprodol (Soma).

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

**Decision rationale:** The request for post-op Soma 350mg #60 is not medically necessary. Patient presented on 11/13/2014 and was advised to have surgery, the anterior cervical discectomy. According to the California MTUS Guidelines, Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. There is no clinical documentation of the surgery being scheduled or performed. As the request for surgery is not supported, the use of Soma post-op is also not supported. As submitted, the request failed to address the frequency of the Soma. Therefore, the request for post-op Soma 350mg #60 is not medically necessary.

**Post-op Colace 100mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

**Decision rationale:** The patient presented in 11/2014 and was recommended for an anterior cervical disc surgery. California MTUS/ACOEM Guidelines do not address opioid induced constipation treatment. The Official Disability Guidelines state if prescribing opioids has been determined appropriate, then ODG recommends that prophylactic treatment of constipation should be initiated. Colace is a docusate sodium and is recognized as a constipation treatment. There is no clinical documentation of the surgery being scheduled or performed. As the request for surgery is not supported, the use of Colace post-op is also not supported. As such, the request is not supported. As submitted, the request failed to address the frequency of the medication. Therefore, the request is not medically necessary.