

<b>Case Number:</b>	CM14-0211586		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 39 year-old female with a date of injury of September 12, 2012. The patient's industrially related diagnoses include lumbar facet joint pain, chronic back pain, and obesity. The disputed issues are Oxycodone/APAP 10/325mg #60 and Soma 350mg #90. A utilization review determination on 12/9/2014 had non-certified these requests. The stated rationale for the denial of Oxycodone/APAP was: "In this case, there is no clear indication of significant functional response with increased level of function or improved quality of life. Medical necessity is not established for Oxycodone 10/325mg #60." The stated rationale for the denial of Soma was: "There is no clear indication of significant functional response with the use of Soma. Additionally, this medication is not recommended for long-term use. Therefore the request for Soma 350mg #90 is not medically necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10/325mg #60:** 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): 75-80.

**Decision rationale:** Regarding the request for Oxycodone 10/325mg, Chronic Pain Medical Treatment Guidelines state that Oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the medical records available for review, there was documentation that without medication, pain level was rated as 10/10 and with medication pain level was 8/10. However the injured worker indicated that her pain was inadequately controlled 7 days/week over the past month and she was somewhat dissatisfied with the results of pain treatment. Regarding functional improvement, in the progress report dated 8/28/2014, there was documentation that the injured worker was able to walk around and do chores around the house. However, there was no documentation regarding side effects, and no discussion regarding aberrant use. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. As such, there is no clear indication for ongoing use of Oxycodone. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. Due to the lack of documentation, the currently requested Oxycodone 10/325mg is not medically necessary.

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Soma 350mg, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there was no documentation that the injured worker was previously on Soma 350mg. Furthermore, at the time of the request there was no documentation indicating subjective complaints of muscle spasms or objective findings consistent with muscle spasms. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines, since the prescription was written for Soma 350mg 1 tablet three times a day #90 with 3 refills. In the absence of such documentation, the currently requested Soma 350mg #90 is not medically necessary.