

Case Number:	CM15-0011481		
Date Assigned:	01/29/2015	Date of Injury:	06/10/2009
Decision Date:	03/19/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 53 year old male with an industrial injury dated 06/10/2009. He presents on 12/31/2014 with complaints of neck back and leg pain. He states the pain medications bring his pain down from 10/10 to 4/10. Physical exam noted range of motion of lumbar spine "is fairly decent in flexion and extension although it does not appear to be comfortable." Prior treatments include physical therapy, anti-inflammatory medications, epidural injections and gabapentin. Currently his medications are Soma, Kadian ER, Lorazepam, Oxycodone HCL and Potassium Cl. The injured worker had a history of open reduction internal fixation of the right tibia, lumbar 4 - sacral 1 fusion with pedicle screw placement at lumbar 4-5 and lumbar 5- sacral 1 and a discectomy. He also had cervical 4-5, cervical 5-6 and cervical 6-7 discectomies and fusion with Cornerstone allograft and Atlantis Plate. On 12/31/14, the claimant was noted to have 8/10 pain. He did not have Kadian due to expense. He was noted to improve with the use of Kadian and Oxycodone to 4/10. The claimant had been on Oxycodone and Morphine since at least 2013. Diagnoses included generalized anxiety disorder, disc disorder with myelopathy, cervical and disc disorder with myelopathy, lumbar. On 01/12/2015 utilization review issued a decision of non-certification for the request for Soma 350 mg. MTUS was cited. The request for Kadian ER 100 mg was certified for up to # 60 tablets. MTUS was cited. The request for Oxycodone HCL was modified for Oxycodone HCL 15 mg # 90. MTUS Guidelines were cited for the above.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA/Carsiprodolol Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Oxycodone which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.

1 Prescription of Oxycodone HCL 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for over a year. The combined dose of Kadian and Oxycodone exceeded the 120 mg morphine equivalent recommended by the guidelines. The continued use of Oxycodone is not medically necessary.

1 Prescription of Kadian ER 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (morphine sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, the maximum Morphine equivalent recommended per day is 120 mg. In this case, the claimant had been on Kadian (Morphine) along with Oxycodone in a combined dose that exceeds the morphine equivalent recommended. The claimant had been on Morphine for over a year. Long-term use of opioids have not been

studied. In addition, long-term use can lead to addiction and tolerance. As a result, the continued use of Kadian is not medically necessary.