

Case Number:	CM15-0174485		
Date Assigned:	09/16/2015	Date of Injury:	05/07/2009
Decision Date:	10/16/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 58 year old woman sustained an industrial injury on 5-7-2009. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays dated 1-2-2013 showing retrolisthesis, lumbar spine MRI performed in 2009, 4-13-2011, and 4-17-2014, cervical spine MRI dated 6-2012 and 8-2014, and cervical spine x-rays dated 1-2-2013. Diagnoses include cervicalgia, cervical spine post-laminectomy syndrome, lumbar spine post-laminectomy syndrome, lumbar spine radiculopathy, chronic pain syndrome, and abnormality of gait. Treatment has included oral medications, physical therapy, aquatic therapy, bracing, trigger point injection, traction, massage therapy, and surgical intervention. Physician notes on a PR-2 dated 8-21-2015 show complaints of back pain without incontinence and with a deadened sexual sensation. The worker has decreased her Oxycodone dose as much as possible at this time and has found Soma to be more helpful than some of her pain meds. Pain is rated 10 out of 10 without medications and 5-7 out of 10 with medications. The physical examination shows inability to balance, avoidance of heights, inability to crawl, inability to sit longer than 30 minutes, or stand longer than 20 min, inability to sleep longer than 2-4 hours, inability to drive longer than 1 hour with changing hands every 15 minutes, absent patella reflex on the left, decreased sensation of the left L3 and L4 distribution, right ankle and top of foot numbness, left quadriceps atrophy, left lower extremity weakness, hypersensitivity of the thigh, no foot drop, and straight leg raise causes a pulling in the quadriceps area. Recommendations include Oxycodone, Soma, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg #210 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter and Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Oxycodone 10 mg #210 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain without incontinence and with a deadened sexual sensation. The worker has decreased her Oxycodone dose as much as possible at this time and has found Soma to be more helpful than some of her pain meds. Pain is rated 10 out of 10 without medications and 5-7 out of 10 with medications. The physical examination shows inability to balance, avoidance of heights, inability to crawl, inability to sit longer than 30 minutes, or stand longer than 20 min, inability to sleep longer than 2-4 hours, inability to drive longer than 1 hour with changing hands every 15 minutes, absent patella reflex on the left, decreased sensation of the left L3 and L4 distribution, right ankle and top of foot numbness, left quadriceps atrophy, left lower extremity weakness, hypersensitivity of the thigh, no foot drop, and straight leg raise causes a pulling in the quadriceps area. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone 10 mg #210 with 1 refill is not medically necessary.

Soma 350 mg #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The requested Soma 350 mg #150 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has back pain without incontinence

and with a deadened sexual sensation. The worker has decreased her Oxycodone dose as much as possible at this time and has found Soma to be more helpful than some of her pain meds. Pain is rated 10 out of 10 without medications and 5-7 out of 10 with medications. The physical examination shows inability to balance, avoidance of heights, inability to crawl, inability to sit longer than 30 minutes, or stand longer than 20 min, inability to sleep longer than 2-4 hours, inability to drive longer than 1 hour with changing hands every 15 minutes, absent patella reflex on the left, decreased sensation of the left L3 and L4 distribution, right ankle and top of foot numbness, left quadriceps atrophy, left lower extremity weakness, hypersensitivity of the thigh, no foot drop, and straight leg raise causes a pulling in the quadriceps area. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350 mg #150 with 1 refill is not medically necessary.