

<b>Case Number:</b>	CM15-0176089		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/18/1986
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 56 year old male with an industrial injury date of 06-18-1986. Medical record review indicates he is being treated for status post anterior-posterior spinal fusion lumbar 5-sacral 1 01-2015, status post posterior spinal fusion with Harrington instrumentation thoracic 12-lumbar 5 and flat back deformity. Subjective complaints (07-01-2015) included "persistent" pain in his low back. The injured worker is post-surgery and noted overall he "feels much less pain than he did prior to the surgery." The treating physician documented the "patient indicates that surgery was successful in reducing the sciatica." His work status (07-01-2015) is documented as "is currently working, as he is self-employed and can modify his activities as necessary." His medications included Norco, Ibuprofen and Soma (at least since 01-27-2015.) Prior medications included Oxycodone. Prior treatment included surgery (as noted above), physical therapy and medications. The treating physician documented (07-01-2015) the following: "This patient has utilized narcotic analgesic medications for many years." "He is likely to require these medications for the indefinite future." Physical exam (07-01-2015) of the lumbar spine noted the injured worker stood with a forward flexed posture and was unable to assume an upright stance. Gait is documented as slow and guarded but without limp or weakness. There was moderate lumbosacral midline tenderness. The treatment plan included a water exercise program twice a week for 6 weeks, medications to include Norco, Ibuprofen and Soma, and referral to a pain management specialist. On 08-10-2015 utilization review issued the following decision for the requested treatments: 1 pain management consultation - non-certified 1 prescription of Soma 350 mg - modified to # 9

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 pain management consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section: Therapeutic Procedures, Non-operative) 4/27/2007 page 56.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. In this case, the injured worker has been prescribed opioid medications for many years and the physician feels that he will require them into the distance future. The request for 1 pain management consultation is determined to be medically necessary.

### **1 prescription of Soma 350mg: 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 MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. This medication is not intended for long-term use. As this is a requested refill that indicated long-term use, the request for 1 prescription of Soma 350mg is determined to not be medically necessary.