

<b>Case Number:</b>	CM15-0176510		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/24/2015
<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: Physical Medicine & Rehabilitation

### 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 47 year old female, who sustained an industrial injury on 6-8-2011. The medical records indicate that the injured worker is undergoing treatment for shoulder strain, impingement syndrome, rotator cuff tendonitis-bursitis, high-grade partial thickness rotator cuff tear, acromioclavicular joint arthrosis, glenohumeral joint arthritis, and myofascial strain. According to the progress report dated 8-10-2015, the injured worker reports continued improvement. She notes that medications as well as physical therapy are proving effective in improving her pain levels, function, range of motion, and overall sense of comfort. The level of pain and function is not rated. The physical examination of the shoulder reveals painful active range of motion (90-130 degrees), tenderness to palpation over the anterior capsule-cuff, and intact neuro-circulatory. The current medications are Oxycodone and Soma. There is documentation of ongoing treatment with Oxycodone and Soma since at least 6-10-2015. Treatment to date has included medication management and physical therapy. Work status is described as permanent and stationary with restrictions. The original utilization review (8-24-2015) partially approved a request for Soma #20 without refills (original request was for #60 with 4 refills) to allow for downward titration. The request for Oxycodone was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #60 (refill x 2): 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2011 P&S injury without acute flare, new injury, or progressive neurological deterioration. The Oxycodone 30mg #60 (refill x 2) is not medically necessary and appropriate.

**Soma 350mg #60 (refill x 4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

**Decision rationale:** Review indicates the request for Soma was modified for weaning. Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2011 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical

findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350mg #60 (refill x 4) is not medically necessary and appropriate.