

<b>Case Number:</b>	CM15-0179668		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/19/1995
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This injured worker is a 47 year old female, who sustained an industrial injury on 01-19-1995. The injured worker was diagnosed as having lumbar degenerative disc disease with radiculopathy, right shoulder pain and right knee pain. On medical records dated 07-29-2015 and 07-01-2015, subjective complaints were noted as right lower back pain and left lower extremity pain. Pain score was noted as 7-9 out of 10. The objective findings were noted as having tenderness in the midline of the lower lumbar spine, and over the right shoulder. Lumbar and cervical spine were noted to have a reduced range of motion. Right lower extremity was noted to have tingling sensation along the anterior right leg and a left reduced sensation to light touch along the anterior and lateral left thigh and positive straight leg raise on the left. Treatment to date included medication oral and intramuscular injections. Current medication was listed as Soma, Oxycontin, and Norco. The injured worker has been taking Norco, Soma and Oxycontin since at least 02-2015. Clonidine and Ativan were prescribed in the event of Oxycontin was not authorized to prevent withdrawal symptoms per 07-01-2015 progress note. The Utilization Review (UR) was dated 08-11-2015. A Request for Authorization was dated 08-03-2015 requested Oxycontin, Norco and Soma. The UR submitted for this medical review indicated that the request for Soma was modified, Ativan and Oxycontin were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma tab 350mg Take 1 every 6 hours #120: 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), Muscle relaxants (for pain).

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 1995 and continues to be treated for right shoulder and knee pain and low back pain with left lower extremity radicular pain. When seen, pain was rated at 7/10. Pain is referenced as somewhat relieved with medications and rest. Her daily activities were limited secondary to pain. The assessment references worsening pain due to difficulty obtaining medications although in June 2015 when medications were available pain was also rated at 7/10. When the request was made physical examination findings included an antalgic gait. There was lumbar tenderness with decreased range of motion. There was decreased upper and lower extremity strength and left lower extremity sensation. Left straight leg raising was positive. There was right shoulder tenderness with decreased range of motion. Medications were refilled. Ativan and clonidine were prescribed for the treatment of possible withdrawal symptoms if OxyContin was not approved. In May 2015 she was seen after reporting that her medications were stolen. There were no complaints or physical examination findings of withdrawal. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.

**Ativan tab 1 mg Take 1 3x/day x 5 days - #15 No refills: 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): Benzodiazepines, Detoxification.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 1995 and continues to be treated for right shoulder and knee pain and low back pain with left lower extremity radicular pain. When seen, pain was rated at 7/10. Pain is referenced as somewhat relieved with medications and rest. Her daily activities were limited secondary to pain. The assessment references worsening pain due to difficulty obtaining medications although in June 2015 when medications were available pain was also rated at 7/10. When the request was made physical examination findings included an antalgic gait. There was lumbar tenderness with decreased range of motion. There was decreased upper and lower extremity strength and left lower extremity sensation. Left straight leg raising was positive. There was right shoulder

tenderness with decreased range of motion. Medications were refilled. Ativan and clonidine were prescribed for the treatment of possible withdrawal symptoms if OxyContin was not approved. In May 2015 she was seen after reporting that her medications were stolen. There were no complaints or physical examination findings of withdrawal. Ativan (lorazepam) is a benzodiazepine which is the treatment of choice in very few conditions. In this case, the reason for prescribing this medication was for the treatment of possible withdrawal symptoms. It was prescribed without indication. Treating withdrawal symptoms would require an assessment of the claimant and there are other preferred treatments if withdrawal were to occur. The request was not appropriate or medically necessary.

**Oxycontin tab 20mg CR Take 1 every 8 hours #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, criteria for use.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 1995 and continues to be treated for right shoulder and knee pain and low back pain with left lower extremity radicular pain. When seen, pain was rated at 7/10. Pain is referenced as somewhat relieved with medications and rest. Her daily activities were limited secondary to pain. The assessment references worsening pain due to difficulty obtaining medications although in June 2015 when medications were available pain was also rated at 7/10. When the request was made physical examination findings included an antalgic gait. There was lumbar tenderness with decreased range of motion. There was decreased upper and lower extremity strength and left lower extremity sensation. Left straight leg raising was positive. There was right shoulder tenderness with decreased range of motion. Medications were refilled. Ativan and clonidine were prescribed for the treatment of possible withdrawal symptoms if OxyContin was not approved. In May 2015 she was seen after reporting that her medications were stolen. There were no complaints or physical examination findings of withdrawal. OxyContin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.