MAXIMUS Federal Services

| Case Number: | CM15-0095940 | | |
|---|---|---|---|
| Date Assigned: | 05/22/2015 | Date of Injury: | 01/10/2011 |
| Decision Date: | 06/26/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

## 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:

The injured worker is a 50-year-old female, who sustained an industrial injury on 1/10/11. The injured worker was diagnosed as having lumbago, lumbar radiculopathy and lumbar disc degenerative disease. Treatment to date has included oral medications including Oxycontin, soma and Roxicodone; physical therapy, chiropractic treatment, activity restrictions and home exercise program. (MRI) magnetic resonance imaging revealed L4-5 and L5-S1 disc herniation. Currently, the injured worker complains of low back and leg pain rated 9/10 with medication, weakness, stiffness and radiation to both legs area also noted. Physical exam noted L3-4 pain and tenderness with spasm on palpation and increased pain with range of motion. The treatment plan included continuation of home exercise program and refilling of medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29; Muscle Relaxants, Pages 63-66 Page(s): 63-66, 29.

**Decision rationale:** The requested Soma 350 mg #90 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 that NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back and leg pain rated 9/10 with medication, weakness, stiffness and radiation to both legs area also noted. Physical exam noted L3-4 pain and tenderness with spasm on palpation and increased pain with range of motion. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350 mg #90 is not medically necessary.

**Oxycodone 15 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Oxycodone 15 mg #90 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 low back and leg pain rated 9/10 with medication, weakness, stiffness and radiation to both legs area also noted. Physical exam noted L3-4 pain and tenderness with spasm on palpation and increased pain with range of motion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and 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 15 mg #90 is not medically necessary.

**Oxycontin 30 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Oxycontin 30 mg #60 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 low back and leg pain rated 9/10 with medication, weakness, stiffness and radiation to both legs area also noted. Physical exam noted L3-4 pain and tenderness with spasm on palpation and increased pain with range of motion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and 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, Oxycontin 30 mg #60 is not medically necessary.

**Lyrica 100 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

**Decision rationale:** The requested Lyrica 100 mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of neuropathy and postherpetic neuralgia. The injured worker has low back and leg pain rated 9/10 with medication, weakness, stiffness and radiation to both legs area also noted. Physical exam noted L3-4 pain and tenderness with spasm on palpation and increased pain with range of motion. The treating physician has not documented derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 100 mg #90 is not medically necessary.