

<b>Case Number:</b>	CM15-0096039		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	10/30/2004
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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:

The injured worker is a 32-year-old female, who sustained an industrial injury on October 30, 2004. She reported lifting boxes, and the next day awoke with severe pain and spasms. The injured worker was diagnosed as having lumbar back pain, lumbar radiculopathy, and congenital spondylosis of the lumbosacral region, lumbar degenerative disc disease, and sacroiliac joint dysfunction. Treatment to date has included home exercise program (HEP), MRI, x-rays, CT scan, median nerve blocks, radiofrequency neurotomy, lumbar fusion, physical therapy, and medication. Currently, the injured worker complains of low back and leg pain, with tightness in the lumbar region. The Treating Physician's report dated April 15, 2015, noted that the left SI area trigger point injections performed on the previous visit had helped a great deal. The Physician noted medications were necessary for the performance of the injured worker's daily activities, child, and grandfather care. Physical examination was noted to show the cervical spine range of motion (ROM) with end range of motion stiffness/tenderness and abnormal palpation and tenderness. Tenderness was noted at the left SI joint and bilateral lumbosacral junction area, tenderness in the bilateral lumbar paraspinal region, moderate left sciatic and tibial nerve tenderness, with three trigger points identified in the left SI joint area, referring pain to the lateral hip region and low back. Straight leg raise was noted to be positive on the left. The treatment plan was noted to include continuation of the injured worker's current medications of Soma and Percocet, with continued postural and functional ergonomics, continued home heat and ice therapy, and continued home exercise core strengthening, aerobic conditioning, and flexibility program with a urine drug screen (UDS) ordered.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325 mg Qty 60, take 1 every 4 hrs as needed:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2004. She continues to be treated for low back pain. When seen, there had been improvement after tripping injections. Medications are referenced as allowing her and necessary for the performance of her activities of daily living as well as providing care for her child and grandfather. There was decreased spinal range of motion with stiffness and tenderness. There was left sacroiliac joint and lumbosacral Junction tenderness. There was back pain with straight leg raising. There was an antalgic gait. Percocet was being prescribed at a total MED (morphine equivalent dose) of 15 mg per day. Soma is being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are allowing for activities of daily living and improved quality of life. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.

**Soma 350 mg Qty 30, take 1 twice daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2004. She continues to be treated for low back pain. When seen, there had been improvement after tripping injections. Medications are referenced as allowing her and necessary for the performance of her activities of daily living as well as providing care for her child and grandfather. There was decreased spinal range of motion with stiffness and tenderness. There was left sacroiliac joint and lumbosacral Junction tenderness. There was back pain with straight leg raising. There was an antalgic gait. Percocet was being prescribed at a total MED (morphine equivalent dose) of 15 mg per day. Soma is being prescribed on a long-term basis. 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. Prescribing Soma was not medically necessary.

