

<b>Case Number:</b>	CM15-0099407		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 57-year-old male, who sustained an industrial injury on June 4, 2009. He reported neck pain radiating to the right upper extremity, low back pain radiating to bilateral lower extremities and left knee pain. The injured worker was diagnosed as having thoracic and lumbosacral neuritis and radiculitis, status post cervical fusion, status post lumbar fusion, status post multiple surgeries of the bilateral knees and status post-surgical interventions of the shoulders. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical and lumbar spine, bilateral knees and shoulders, medications and work restrictions. Currently, the injured worker complains of continued neck pain radiating to the right upper extremity, low back pain radiating to bilateral lower extremities and left knee pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Physical therapy evaluation on February 25, 2015, revealed continued pain however less tightness everywhere. Evaluation on March 12, 2015, revealed continued pain as noted. The physician recommended continuing exercises and therapy. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

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

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

**Decision rationale:** The patient complains of neck pain radiating to the right upper extremity, low back pain radiating to bilateral lower extremities and left knee pain. The physician is requesting SOMA 350MG #120. The RFA was not included in the reports. The patient's work status was not documented. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. The physician does not specifically discuss this medication. MTUS only recommends short-term use - no more than 2-3 weeks- for sedating muscle relaxants. However, the patient was prescribed Soma since at least 11/26/14. The request for additional Soma quantity 120 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

**Percocet 7.5/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient complains of neck pain radiating to the right upper extremity, low back pain radiating to bilateral lower extremities and left knee pain. The physician is requesting PERCOCET 7.5/325MG #120. The RFA was not included in the reports. The patient's work status was not documented. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The treatment report making the request was not included in the records. The physician does not specifically discuss this medication. The patient has been prescribed Percocet since at least 11/26/2014. Per the handwritten 03/12/2014 report, the patient is neurologically intact. Gait is normal. Reflex is 2/2. Tenderness was noted in the lumbar spine. There are no before-and-after pain scales to show analgesia. No specific documentation of ADLs were noted to demonstrate medication efficacy. There are no discussions on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures were provided as required by MTUS Guidelines. The treating physician does not provide proper documentation of the 4As as required by MTUS Guidelines for continued opiate use. The request IS NOT medically necessary.