

<b>Case Number:</b>	CM14-0100842		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/18/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 27-year-old individual was reportedly injured on 2/18/2012. The mechanism of injury was noted as a work related injury when he was run over with a skid steer. The most recent progress note, dated 4/30/2014, indicated that there were ongoing complaints of low back pain that radiates in the bilateral lower extremities. The physical examination demonstrated lumbar spine range of motion flexion 50, extension 15, and lateral flexion bilaterally was 20°. Diagnostic imaging studies included an MRI the lumbar spine, dated 3/29/2014, which revealed disc desiccation at L1-L2, straightening of the lordotic curvature and L4-L5 disc herniation, which caused stenosis of the spinal canal. Disc material caused stenosis that contacted the right L4 exiting nerve root. There was also L5-S1 posterior disc herniation, which caused stenosis of the spinal canal and stenosis of the bilateral neural foramen of the L5 exiting nerve roots. Previous treatment included physical therapy, chiropractic care, TENS unit, cortisone injections, epidural steroid injections, bilateral facet injections, medications, crutches, walking, and conservative treatment. A request had been made for Oxycodone 20 mg #120, Tramadol 150 mg #60, Xanax 1 mg #60, Soma 350 mg #120 and was not certified in the pre-authorization process on 6/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Tablets of Oxycodone 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic low back pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

**60 Tablets of Tramadol extended release 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Tramadol (Ultram A, Ultram ER).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use, after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review, of the available medical records, fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

**60 Tablets of Xanax extended release 1mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Worker's Compensation, Online Edition Chapter, Pain (Chronic), Alprazolam (Xanax).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** Xanax (Alprazolam) is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to 4 weeks. The record reflects that this medication is being prescribed for long term use. There was no recent documentation of improvement in functionality with the use of this medication. Therefore, this request for continued use of this medication is not medically necessary.

**120 Tablets of Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

**Decision rationale:** Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate, which is highly addictive. MTUS specifically recommends against the use of Soma due to its abuse potential. Based on the clinical documentation provided, the clinician fails to provide rationale for deviation from the chronic pain treatment guidelines. As such, this medication is not medically necessary.