

<b>Case Number:</b>	CM13-0001950		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/27/1996
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Occupational medicine, and is licensed to practice in California. 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 physician 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:

A clinical progress note on June 21, 2013, is notable for comments that the applicant reports 8/10 pain on a good day with numbness, tingling and throbbing. A 10/10 pain is noted on bad days. Pain is reportedly alleviated by walking, medications and lying down. The applicant is on dilauded, Norco, Celebrex and dilauded. It is stated that the applicant reports good pain control from current pain medications and reports improved physical activity, activities of daily living, mood and sleep though ongoing usage of the same. The applicants work status is not detailed. It does not appear that the applicant has returned to work. The attending provider does not detail what the activity of daily living are ameliorated through usage of pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma #90:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: as noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended

for chronic or long term use purposes, particularly when used in conjunction with other medications. In this case the applicant is using several opioid and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) analgesics. Adding carisoprodol or Soma to the mix is not indicated. Therefore, the request is not certified.

**Norco 10/325 #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** The Physician Reviewer's decision rationale: as noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function and reduced pain affected as a result of ongoing opioid usage. In this case however, it does not appear that the applicant has returned to work. The reduction in pain scores from 10/10 to 8/10 through usage of analgesic medications appears minimal. The attending provider has not detailed what activities of daily living have been ameliorated as a result of ongoing opioid usage. Finally, it is not clearly stated why the applicant needs to use two short acting opioids, Norco and Dilaudid. Therefore, the request is not certified as it does not appear the applicant meets MTUS criteria for continuation of opioids.

**Dilaudid 4mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 78.

**Decision rationale:** The Physician Reviewer's decision rationale: As with Norco, it is not clearly stated why the applicant needs to use two separate short acting opioids, Norco and Dilaudid. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and functions. In this case, it is not clear why two separate short-acting opioids are needed. As with the Norco, this is not clear that the applicant meets criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioids. The reduction in pain scores reported by the attending provider appears minimal to negligible. The applicant has failed to return to work. The attending provider does not detail what activities of daily living have been ameliorated as a result of ongoing opioid usage. Therefore, the request is not certified.