

Case Number:	CM13-0015248		
Date Assigned:	10/08/2013	Date of Injury:	04/09/1996
Decision Date:	01/29/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

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 in Family Practice, 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:

The patient is a 46-year-old female who reported an injury on 04/09/1996. The patient is currently diagnosed with unspecified urinary incontinence, chronic pain, reflex sympathetic dystrophy, obesity, and fibromyalgia. The patient was recently seen by [REDACTED] on 10/15/2013. The patient reported persistent lower back pain with radiation to the left lower extremity. Physical examination revealed antalgic gait, decreased strength to the left lower extremity, hyperesthesia in the distal left lower extremity, allodynia in the distal left lower extremity, 2+ deep tendon reflexes throughout, and no acute distress. Treatment recommendations included continuation of current medications and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg, Quantity 252.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of

non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent lower back pain with radiation to the left lower extremity. There have been no changes to the patient's physical examination that would indicate a functional improvement. Therefore, continuous of this medication cannot be determined as medically appropriate. As such, the request is non-certified.

Soma 350 mg Quantity: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): 63-66.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Soma is not recommended for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication for longer than 2 to 3 weeks. Despite the ongoing use, the patient continues to report persistent pain with radiation to the left lower extremity. The patient does not demonstrate palpable muscle spasm or muscle tension upon physical examination that would warrant the need for a muscle relaxant. Furthermore, there has been no documentation of a failure to respond to first-line treatment prior to the initiation of second-line muscle relaxant. Satisfactory response to treatment has not been indicated. As such, the request is non-certified.