

<b>Case Number:</b>	CM13-0015745		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/31/1995
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 73-year-old female who reported an injury on 08/31/1995. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar radiculopathy, lumbar spinal stenosis, foot pain, muscle spasm, hip pain, low back pain, and wrist pain. The patient was seen by [REDACTED] on 12/11/2013. The patient reported ongoing lower back, bilateral feet, bilateral hips, and neck pain. Physical examination revealed restricted lumbar range of motion, positive facet loading maneuver on the right, 5/5 motor strength in bilateral lower extremities, and decreased sensation on the right. Treatment recommendations included continuation of current medications including Amitiza, Senokot, methadone, Colace, Citrucel, and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

**Decision rationale:** California 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. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing treatment, the patient continues to report high levels of pain. The patient's physical examination continues to reveal lumbar paravertebral muscle spasm. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.

**of Methadone HCL 10mg #196:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62 and 74-82.

**Decision rationale:** California MTUS Guidelines state methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. There is no documentation of a significant change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.