

<b>Case Number:</b>	CM13-0036922		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	06/26/1988
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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, has a subspecialty in 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 57-year-old female who reported an injury on 06/26/1988. The mechanism of injury was not provided for review. The patient sustained an injury to the low back. Previous treatments have included medications, activity modifications, a TENS unit, cold/heat applications, massage, a home exercise program, physical therapy, and nerve blocks. The patient's most recent clinical evaluation noted the patient had 8/10 low back pain radiating into the lower extremities. Physical findings included positive straight leg raise test bilaterally, limited lumbar range of motion secondary to pain, tenderness to palpation over the L3-4 spinous process, and decreased motor strength of the bilateral lower extremities. The patient's medication schedule included methadone hydrochloride, Soma 350 mg, Dilaudid 8 mg, Risperdal, and Prozac. The patient's treatment plan included continuation of medication usage, continuation of a home exercise program, and bilateral L4, L5, and S1 transforaminal epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Prospective request for 1 prescription of Dilaudid 8mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The prospective request for Dilaudid 8 mg between 09/25/2013 and 11/09/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior with urine drug screens that are regularly consistent. However, the clinical documentation fails to provide a quantitative assessment of pain relief to support the efficacy and continued usage of the requested medication. Additionally, the clinical documentation fails to provide any evidence of significant functional benefit related to medication usage. As such, the requested 1 prescription of Dilaudid 8 mg between 09/25/2013 and 11/09/2013 is not medically necessary or appropriate.

**Decision for Prospective request for 1 prescription of 60Tablets of Soma 350mg:** Upheld

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

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

**Decision rationale:** The prospective request for 1 prescription of 60 tablets of Soma 350 mg between 09/25/2013 and 11/09/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule only recommends the use of carisoprodol or Soma for short courses of treatment for acute exacerbations of chronic pain. The treatment recommendation by California Medical Treatment Utilization Schedule is duration of 2 to 3 weeks. The clinical documentation submitted for review does indicate the patient has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Additionally, there was no documentation the patient has experienced an acute exacerbation of chronic pain that would benefit from a short course of muscle relaxers. As such, the prospective request for 1 prescription of 60 tablets of Soma 350 mg between 09/25/2013 and 11/09/2013 is not medically necessary or appropriate.