

Case Number:	CM13-0044676		
Date Assigned:	12/27/2013	Date of Injury:	12/04/1990
Decision Date:	03/20/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of December 4, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; attorney representation; prior lumbar laminectomy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 23, 2013, the claims administrator apparently denied a request for Soma, Dilaudid, and Ativan. The applicant's attorney subsequently appealed. A clinical progress note of November 6, 2013 is notable for comments that the applicant is off of work, on total temporary disability. The applicant reports 7/10 pain. The applicant is on Dilaudid, OxyContin, Soma, pramipexole, Imitrex, and Protonix. The applicant has a BMI of 37, it is stated. The applicant states that usage of Dilaudid and OxyContin is apparently resulting in some analgesia. Nevertheless, she remains off of work, on total temporary disability. On March 11, 2013, it is stated that the applicant continues to smoke a pack of cigarettes a day. Multiple progress notes interspersed throughout 2013 all state that the applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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," particularly when used in conjunction with other medications such as opioids. In this case, the applicant is already using several opioid analgesics, including OxyContin, Dilaudid, etc. Adding carisoprodol or Soma to the mix is not indicated. It is further noted that the applicant does not appear to have affected any clear clear-cut evidence of functional improvement as defined by the parameters established in MTUS 9792.20f despite prior usage of Soma and other oral pharmaceuticals. She remains off of work, on total temporary disability. There is no evidence of progressively diminishing work restrictions, improved performance of activities of daily living, and/or diminished reliance on medical treatments. Accordingly, the remains non-certified, on Independent Medical Review.

Dilaudid 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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 are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, there is no evidence that the aforementioned criteria have been met. The applicant has failed to return to work. The applicant remains off of work, on total temporary disability, several years removed from the date of injury. There is no clear evidence of improved functioning and/or reduced pain scores effected as a result of ongoing opioid usage. Therefore, the request remains noncertified, on Independent Medical Review.

Lorazepam 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: The Physician Reviewer's decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Ativan are not recommended for chronic or long-term use purposes. A more appropriate choice for anxiety and depression is an antidepressant, the MTUS notes. Continued usage of Ativan cannot be

supported in the chronic, long-term, and/or scheduled context for which it is being proposed here. Therefore, the request remains not certified, on Independent Medical Review