MAXIMUS Federal Services

Case Number:	CM14-0127478		
Date Assigned:	08/15/2014	Date of Injury:	09/27/1983
Decision Date:	09/15/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency 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 expert 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 reported with injury on 9/27/1983. Mechanism of injury was not provided for review. Patient has a diagnosis of lumbar spinal spondylosis, Right lumbar radiculopathy, post lumbar discectomy/laminectomy, severe low back pain and chronic pain syndrome. Patient also appears to have an intrathecal infusion pump with Clonidine and Morphine infusion. Medical records reviewed. Last report available until 7/29/14. Patient is with low back pain. Pain radiates down left leg. Pain is 8/10 and interferes with activity of daily living. Also complains of left leg weakness. Objective exam reveals L3-5 paraspinal muscle spasms with tenderness. Decreased range of motion with left leg decreased sensation. Straight leg raise is positive on left side.MRI of lumbar spine (5/8/14) reveals moderate-severe disc desiccation of L1-2 with 5mm broad based disc protrusion and moderate facet arthropathy causing moderate-severe central canal stenosis, subarticular recess stenosis and bilateral neural foraminal stenosis. L2-3 with 5mm broad based disc/osteophyte complex bulge causing central canal stenosis and bilateral neural foraminal stenosis. Stable T12-L1 and T11-12 with degenerative changes that is unchanged. Patient is on Morphine infusion, Clonidine infusion, MS ER 60mg twice a day, Dilaudid 8mg 1-2tab three times a day, and Soma. Patient has received epidural steroid injections in the past. Also has attempted physical therapy, and various medications. A message from primary treating physician from 8/8/14 corrects a progress note report that pain medication reliefs pain up to 50-60%. Independent Medical Review is for Dilaudid 8mg #180 and Soma 350mg #90. Prior UR on 8/5/14 recommended modification of prescription to Dilaudid #93 and Soma #8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Dilaudid or Hydromorphone is an opioid. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. There is no provided objective documentation of improvement in pain, activity of daily living, monitoring of adverse events or aberrant behavior. A claimed 50% improvement in pain is not an objective improvement as per MTUS criteria. All other criteria also not met. Combination of all of opioids, including oral Morphine, Dilaudid and Morphine infusion, that patient is on exceeds 300mg MDE of opioids which has exceeded the recommended safe level of 120mg Morphine Dose Equivalent level. Documentation does not support the continued ongoing management and use of Dilaudid. The number of tablets being requested is also excessive and assumes patient take up to 8 tablets of Dilaudid a day. Patient is taking excessive and highly dangerous amounts of opioids beyond recommended safety level without documentation of appropriate plan or monitoring. Therefore, this request is not medically necessary.

Soma 350mg, #90: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Patient is on extremely high dose opioid therapy that is at high risk for intoxication.There is no documented actual objective improvement on this medication. Report states that it "improves" pain by "50%" is not considered objective as per MTUS criteria. Use of Carisoprodol, a potentially addictive medication in combination with multiple intoxicating and euphoria potentiators such as opioids is not medically appropriate and highly dangerous. MTUS Chronic Pain Guideline does not recommend this medication. Therefore, this request is not medically necessary.