

Case Number:	CM14-0150721		
Date Assigned:	09/19/2014	Date of Injury:	06/30/1997
Decision Date:	10/28/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal 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 injured worker is a 50-year-old female with a reported injury on 06/30/1997. The mechanism of injury was lifting. The injured worker's diagnoses include chronic low back pain, status post lumbar laminectomy and fusion with removal of hardware, lumbar radiculopathy, chronic intermittent neck pain, cervicogenic post-traumatic migraine/tension mixed headaches, depression, anxiety, and bipolar disorder. Previous treatments have included medication, a brace, a morphine pump, and physical therapy. The injured worker's diagnostic testing included a lumbar MRI on 03/24/2014 which revealed evidence of a laminectomy and anterior posterior fusion at L4-5. The injured worker's surgical history included a lumbar laminectomy as indicated above. The injured worker was evaluated on 07/23/2014 for constant burning low back pain with radiation down the left buttock, left lateral leg, and to the bottom and top of the left foot. She complained of burning in her heels which was worse at night and radicular pain down the right leg. The injured worker reported new numbness to the toes and bottom of her right foot. She stated that her low back pain was aggravated with sneezing, coughing, walking, bending, sitting, standing, and lifting. She reported that the low back pain was worsening and rated the intensity at a 6/10. She also complained of worsening intermittent neck pain and upper back pain. The neck pain radiated down both shoulders and she reported some occasional weakness in the upper extremities. She complained of numbness to the right hand. She rated the neck pain a 7/10 and reported associated headaches with the neck pain. She reported that the Soma is effective in reducing her muscle spasms. She reported that she could not get out of bed without the Soma. She denied nausea, vomiting, constipation, or excessive sedation associated with analgesic medications. The clinician observed and reported a slowed antalgic gait requiring a single point cane. Moderate cervical paraspinal muscle tenderness and upper trapezius tenderness was noted. The cervical range of motion was limited in all planes. Grip strength was

normal. Neurologic testing included strength, sensation, and deep tendon reflexes, including the biceps, triceps, and brachioradialis, were within normal limits. There was a well healed midline lumbar scar. There was moderate to severe tenderness to palpation to the lumbar paraspinal muscles with spasms. Lumbar spine testing showed severely limited range of motion in flexion, extension, and lateral flexion and rotation. Strength was 4/5 on the left extensor hallucis longus, ankle dorsiflexion, and plantarflexion. Sensation was decreased in the left distal lateral calf. Lower extremity deep tendon reflexes were nonexistent. Seated straight leg raise was positive on the left. The clinician also reported that the most recent urine drug screen on 01/08/2014 was consistent with prescribed analgesics without any evidence of illicit drug use. The clinician's treatment plan was to refill fentanyl, Dilaudid, Soma, and Topamax. Also, a Request for Authorization for a left S1 transforaminal epidural steroid injection to help reduce low back pain and left leg radicular pain was initiated. The injured worker's medications included hydromorphone 4 mg 5 tablets per day, fentanyl 100 mcg per hour patch 1 every 48 hours, topiramate 25 mg 3 tablets at bedtime, carisoprodol 350 mg twice per day as needed, Lunesta 3 mg twice per day as needed, clonazepam 1 mg once to twice per day, eszopiclone 3 mg 2 tablets at bedtime, escitalopram oxalate 20 mg every day, and ziprasidone HCL 80 mg twice per day. The requests were for Dilaudid 4 mg #150 and Soma 350 mg #60. The rationale provided was for the treatment of chronic low back pain, lumbar laminectomy and fusion with removal of hardware, lumbar radiculopathy, chronic intermittent neck pain, and cervicogenic post-traumatic migraine/tension (mixed) headaches. The Request for Authorization Form was submitted on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg, #150: Upheld

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

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

Decision rationale: The request for Dilaudid 4mg, #150 is not medically necessary. The injured worker continued to complain of low back and neck pain. The California MTUS Chronic Pain Guidelines recommend discontinuation of opioids if there is no overall improvement of function. For opioid management, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provided documentation did not indicate a baseline for pain and function and a measurable decrease in pain or increase in function with the medication. Additionally, the injured worker is on 100 mcg of fentanyl every 48 hours. With the Fentanyl added to the Dilaudid at the maximum dosage of 5 per day, the total daily morphine equivalent dose would be 320mg which is greater than the recommended 120 mg or less daily morphine equivalent dose. Additionally, the request did not include a frequency of dosing. Therefore, the request for Dilaudid 4mg, #150 is not medically necessary.

Soma 350mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29-30.

Decision rationale: The request for Soma 350mg, #60 is not medically necessary. The injured worker does state that the Soma is effective in reducing her muscle spasms. The California MTUS Chronic Pain Treatment Guidelines do not recommend Soma. This medication is not intended for long term use. The injured worker has been on Soma since at least 11/22/2013, which is the earliest available documentation for review. Additionally, the request did not indicate a frequency of dosing. Therefore, the request for Soma 350mg, #60 is not medically necessary.