

Case Number:	CM14-0153518		
Date Assigned:	09/23/2014	Date of Injury:	08/29/2003
Decision Date:	10/24/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 is a 53 year old female who was injured on 8/29/2003. The mechanism of injury is unknown. Her medication history included Soma, Cymbalta, Ketamine cream, Fentanyl patches and Dilaudid. She has been treated conservatively with home exercise program. Progress report dated 9/24/2014 indicates the patient stated she was doing well. Her activities of daily living are improved. She states increased functionality, decreased pain, and improved sleep. She rated her pain a 4/10 with medications and 10/10 without medications. Objective findings not documented. The patient was diagnosed with left foot complex regional pain syndrome and left Achilles contracture. She was recommended Dilaudid 8mg # 90 and Soma 350mg #60. Prior utilization review dated August 23, 2014 indicated the request for Dilaudid 8 mg, QTY: 90 is modified to certified Dilaudid 8 mg #68 and the request for Soma 350 mg, QTY: 60 is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8 mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, Page(s): 74-97.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Dilaudid, a potent opioid, is recommended as the standard care for treatment of moderate to severe pain for short-term use. Guidelines do not recommended continued use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentations of functional improvement and long term use is not recommended by the guidelines therefore, the request is not medically necessary.

Soma 350 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, Page(s): 74-97.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Soma is recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain and is not indicated for long-term use. The records indicate the use of this medication since 2012 with no sustainable improvement in pain or function and long-term use of Soma is not recommended. Therefore, this medication is not medically necessary.