

Case Number:	CM14-0034924		
Date Assigned:	06/23/2014	Date of Injury:	06/16/2004
Decision Date:	07/24/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/20/2014

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 Alabama. 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 57 year old female who was injured on 06/16/2004. The mechanism of injury is unknown. The patient's medications as of 04/03/2014 included Dilaudid 2 mg, Fentanyl 100 mcg, Fentanyl 25 mcg, Lyrica 75 mg, naproxen 500 mg, Norco 10 mg/325, Prilosec 20 mg, Restoril 30 mg, Robaxin 750 mg, and Soma 350 mg; As of 05/01/2014, her medications included Dilaudid 2 mg, Fentanyl 100 mcg, Fentanyl 25 mcg, Lyrica 75 mg, naproxen 500 mg, Norco 10 mg/325, Prilosec 20 mg, Restoril 30 mg, Robaxin 750 mg, and Soma 350 mg. There was no VAS score provided. There are no recent toxicology reports for review. Last one dated 09/19/2013 revealed positive results for Carisoprodol, Meprobamate, temazepam, oxazepam, hydrocodone, norhydrocodone, hydromorphone, fentanyl and norfentanyl. Progress report dated 06/05/2014 states the patient complained of right shoulder and bilateral knee pain. She rated her pain at an 8/10. She describes right shoulder pain as constant with radiation of pain into the fingers as well as in the right knee. Her pain is worse on the right. She has been taking Norco which improves her pain from 10/10 to 8-9/10. Objective findings on exam revealed limited range of motion of the lumbar spine. There was tenderness to palpation over the paraspinal muscles bilaterally with hypertonicity. Kemp's test was positive bilaterally and deep tendon reflexes were 1+ bilaterally at patellar and Achilles tendons. The bilateral shoulders revealed limited range of motion exhibiting flexion at 150 degrees bilaterally; extension at 40 degrees bilaterally; abduction at 150 degrees bilaterally; adduction at 40 degrees bilaterally and internal rotation at 60 degrees on the right and 70 degrees on the left. There was painful arc of motion noted over 135 degrees. Diagnoses are bilateral lower extremity pain and subsequent bilateral foot weakness and bilateral plantar fasciitis secondary to gait derangement. The treatment and plan included pain management for medications including Dilaudid 2 mg, Restoril 30 mg, Soma 350 mg, and Robaxin 750 mg. Prior utilization reviews dated 03/03/2014 states the request for

Dilaudid 2 mg #40, Restoril 30 mg #60, and Soma 350 mg #120 with dates of service of 02/06/14 are not medically necessary as medical necessity has not been established but Robaxin 750 mg #120, with date of service of 02/06/14 is partially medically necessary as to allow for time to show efficacy and functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2 mg #40, DOS: 02/06/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-96.

Decision rationale: The CPMT recommends the use of opiates as a second line medication for the treatment of chronic pain. Failure to respond to a time limited course of opioids leads to the suggestion of reassessment and consideration of other alternative treatments. The medical records document that the pain symptoms are aching constant and severe with good evidence that this helped the patient remain functional. Further, the documents do not show any current urine drug test, risk assessment, or plan to taper/wean in the future. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary until further documentation can be provided.

Restoril 30 mg #60, DOS: 02/06/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepam Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment.

Decision rationale: The ODG/CPMT guidelines recommend the use of benzodiazepines for short term treatment of 4 weeks or less. Rarely is chronic benzodiazepine use recommended for treatment of anxiety. More commonly the use of an antidepressant is suggested. The medical records do not document the intended use of Restoril or the duration that is indicated. Further, the documents do not show any psychiatric patterns or sleep problems. Based on the ODG/CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Robaxin 750 mg #120, DOS: 02/06/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The CPMT recommends the use of muscle relaxants for the treatment of pain symptoms. The medical records document that the patient has nociceptive pain that is constant and moderate to severe. Further, the documents show that the patient has concurrent use of opiates and there is high potential of abuse in this case. Also there is no documentation indicating that the medication is more beneficial to the patient than another drug on the formulary. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Soma 350 mg #120, DOS: 02/06/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-96.

Decision rationale: The CPMT recommends the use of muscle relaxants for the treatment of pain symptoms. The medical records document that the patient has nociceptive pain that is constant and moderate to severe. Further, the documents show that the patient has concurrent use of opiates and there is high potential of abuse in this case. Also there is no documentation indicating that the medication is more beneficial to the patient than another drug on the formulary. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.