MAXIMUS Federal Services

Case Number:	CM14-0080773		
Date Assigned:	07/18/2014	Date of Injury:	12/15/2006
Decision Date:	09/16/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation 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:

This 49-year-old patient sustained a low back injury on 12/15/06 from lifting a patient while employed by [redacted]. Request under consideration include Soma 350mg #60, Dilaudid 8mg #360, and Seroquel 50mg #60. Diagnoses list Lumbago and postsurgical states on IMR. Report from the provider dated 5/1/14 has diagnoses of low back pain; depression and anxiety. Conservative care has included coccyx fracture with removal in 2008; failed SCS trial of 2008; medications, therapy, and modified activities/rest. The patient continues to treat for ongoing chronic pain complaints that has increased since stopping the Soma; pain rated at 9/10 to 6/10 with history of taking 4 Soma/day; medications allow her to perform activities of daily living (ADLs). Brief exam noted no pitting edema. The requests for Dilaudid 8mg #360 was modified for #240, Seroquel 50mg #60 was modified for #20 and Soma 350mg #60 was non-certified on 5/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2006. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury. The Soma 350mg #60 is not medically necessary and appropriate.

Dilaudid 8mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opoids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. The Dilaudid 8mg #360 is not medically necessary and appropriate.

Seroquel 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com Quetiapine (Seroquel)Treats schizophrenia and symptoms of bipolar disorder (manic-depressive illness). Used together with other medicines to treat major depressive disorder (MDD).

Decision rationale: Seroquel is a Serotonin Dopamine Receptor Antagonist, indicated in the treatment of acute bipolar mania and schizophrenia. This antipsychotic may be prescribed for psychological disorders such as severe depression that develop due to chronic pain, however, none diagnosed or documented for this lifting injury of 2006. Submitted reports have not

adequately provided documentation of failed first-line treatment for any psychological disorder; functional improvement from treatment rendered, nor demonstrated extenuating circumstances or sufficient evidence outside guidelines criteria for the treatment of this atypical anti-psychotic. The Seroquel 50mg #60 is not medically necessary and appropriate.