

<b>Case Number:</b>	CM14-0085629		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/01/1999
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, has a subspecialty in Pain Management 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 is a male patient with the date of injury of May 1, 1999. A Utilization Review was performed on June 6, 2014 and recommended non-certification of Methadone 10 mg QTY: 2340.00 and modification of Soma 300 mg QTY: 90.00. A Progress Report dated May 23, 2014 identifies subjective complaints of back pain essentially unchanged. Objective findings identify swelling of both lower extremities. He has hemosiderin discoloration, which is quite pronounced. Range of motion is quite limited. His movements are slow and stiff. Flexion is 35 degrees, extension is 10 degrees, and lateral bending to the right and left is less than 50% normal. Diagnoses identify discogenic low back pain, morbid obesity, bilateral knee pain, and history of opiate addiction. Discussion/Plan identifies continue current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 300mg QTY90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Regarding the request for Soma (Carisoprodol), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Soma. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma 300mg, QTY 90, is not medically necessary.

**Methadone 10mg (unspecified Quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 86-87,110-111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** Regarding the request for Methadone, Chronic Pain Medical Treatment Guidelines state Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Within the documentation available for review, there is no documentation identifying that methadone is being prescribed as a second-line drug and the potential benefit outweighs the risk. In the absence of such documentation, the currently requested Methadone 10mg is not medically necessary.