

Case Number:	CM14-0202349		
Date Assigned:	01/06/2015	Date of Injury:	11/20/1996
Decision Date:	02/10/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/03/2014

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 (IW) is a 47-year-old woman with a date of injury of November 20, 1996. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical myofascial pain syndrome; cervicalgia; cervical radiculopathy; fibromyalgia; depressive disorder; and chronic pain. Pursuant to the most recent progress note in the medical record dated May 1, 2014, the IW complains of pain over the cervical area, headaches, bilateral upper extremity pain, and tightness in the muscles over the various parts of the body. Examination of the cervical spine reveals tenderness to palpation. There are several trigger points over the trapezius and cervical area. There is diffuse tenderness to the lumbosacral region, and sciatic notch. Motor and sensory exams were normal. Deep tendon reflexes in the upper and lower extremities were decreased, but equal. Current medications include Dilaudid 4mg, Duragesic 25mcg/hr, Cymbalta 30mg, Soma 350mg, Lidoderm 5% patch, Ambien 10mg, Soma 350mg, and Synthroid. The IW was first prescribed Soma, Dilaudid and Duragesic patch on February 6, 2014. There is no evidence of objective functional improvement associated with the use of Soma, Dilaudid and Duragesic patch documented in the medical record. There are no recent progress notes in the medical record leading up to the current request. The May 1, 2014 progress note is the most recent. The current request is for Dilaudid 4mg #120, and Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Dilaudid 4 mg #120 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical myofascial pain syndrome; cervicgia; cervical radiculopathy; and fibromyalgia. The documentation indicates the injured worker was taking Dilaudid since February 6, 2014. Additional medications include a long-acting Duragesic patch and Soma. The injured worker is 47 years old with the date of injury November 20, 1996 (18 years). The documentation does not contain a rationale for two long acting opiates, Dilaudid and Duragesic. The long-acting nature of these opiates presents a risk of respiratory depression. Additionally, the documentation does not contain evidence of objective functional improvement. Also, the latest progress note of the medical record is from May 1, 2014. There are no additional progress notes closer to the request date. Consequently, absent clinical documentation evidencing objective functional improvement and the clinical rationale/indication for two long acting opiates concurrently (in addition to Soma), Dilaudid 4 mg #120 is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma(Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. Soma is FDA approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. In this case, the date of injury was 18 years prior to the visit on February 6, 2014 when Soma was prescribed. The injured worker's working diagnoses are cervical myofascial pain syndrome; cervicgia; cervical radiculopathy; and fibromyalgia. Soma is indicated for acute pain in musculoskeletal conditions.

The injuries sustained are 18 years and treatment and the injured worker is in the chronic phase. Additionally, Soma is indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations with chronic low back pain. There is no documentation of acute low back pain in the medical record. Consequently, absent the appropriate clinical documentation and indication for Soma use and its use in excess of the recommended guidelines (less than two weeks) without compelling clinical evidence to support its use, Soma 350 mg #90 is not medically necessary.