

<b>Case Number:</b>	CM14-0204752		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/11/2000
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Family Practice 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:

47 yr. old male claimant sustained a work injury on 12/11/2000 involving the low back. He had undergone a spinal decompression in 2009 and a fusion in 2010. He had undergone aqua therapy and used analgesics including methadone and Soma since 2012. A recent progress note on 11/10/14 indicated the claimant had continued back pain. The pain level had been increasing. He was on Methadone 40 mg TID, SOMA, Dilaudid 2mg (TID), MSContin 60mg TID, and SOMA for pain. Exam findings were notable for restricted range of motion of the lumbar spine, a positive straight leg raise test on both sides and tenderness on the iliac spines. An additional Dilaudid 2 mg was added twice daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, the maximum morphine equivalent per day should not exceed 120 mg. The claimant had been on opioids for years. This class of medications

is not indicated as 1st line for mechanical or compressive etiologies. The claimant's use of MSContin, Methadone and Dilaudid more than exceeded the daily maximum. The claimant had persistent pain despite the use of multiple opioids. The addition and continuation of Dilaudid is not medically necessary.

**Soma 350mg #90:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with numerous opioids for years which increase side effect risks and abuse potential. The continued use of SOMA is not medically necessary.