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| Case Number: | CM15-0008134 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 01/07/1999 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 12/12/2014 |
| Priority: | Standard | Application Received: | 01/14/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 is a 50 year old male who sustained an industrial injury on 1/7/99. The injured worker reported symptoms in the back. The diagnoses included previous fusion L4 to S1 with hardware removal and chronic opioid dependency. Treatments to date have included oral pain medication, status post laminectomy decompression in 2002, status post lumbar fusion in 2004, morphine pump, spinal cord stimulator 2012. Provider documentation dated 10/31/14 noted the injured worker presents with "pain across his low back with bilateral radiculopathy down both legs with a feeling of numbness and tingling" the treating physician is requesting Dilaudid 8mg #180, Soma 350mg #90, and Temazepam 30mg #30. On 12/11/14, Utilization Review non-certified a request for Dilaudid 8mg #180 modified to Dilaudid 8mg #60, and non-certified a request for Soma 350mg #90, and Temazepam 30mg #30. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines 2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with norco usage.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines 2013

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

Decision rationale: According to guidelines it recommends Soma to be used for short term and is not recommended for long term use. The patient has been on Soma for an extensive period of time and is not recommended.

Temazepam 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: According to guidelines benzodiazepines is not recommended for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. Based on these guidelines Tamazepam is not medically necessary.