

<b>Case Number:</b>	CM15-0008471		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	06/22/2005
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 47 year old male, who sustained a work/ industrial injury on 6/22/05 due to repetitive overuse. He has reported symptoms of thoracic and lumbar spine pain that was rated 8/10 that hampered activities of daily living (ADL's) and sleep. Observation noted heel walking due to pain in the lumbar spine, lordosis, and alignment abnormality. There was spasm, tightness, and tenderness over paravertebral muscles at L2 through L5 levels, facet tenderness to palpation at L1-L5, positive piriformis tenderness and spasm, and positive sacroiliac tenderness. Past medical history included hypertension, upper back pain and chronic low back pain. The diagnoses have included s/p multiple lumbar spine surgeries, s/p bone stimulator placement, and residual low back pain. Current treatment would include a spinal cord stimulator and analgesics/antispasmodics. On 12/31/14 Utilization Review non-certified a Dilaudid 4 mg #180; Soma 350 #60, noting the Medical treatment Utilization Schedule (MTUS) California Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain (Chronic) Dilaudid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 6/22/0. The medical records provided indicate the diagnosis of s/p multiple lumbar spine surgeries, s/p bone stimulator placement, and residual low back pain. Current treatment would include a spinal cord stimulator and analgesics/antispasmodics. The medical records provided for review do not indicate a medical necessity for Diluadid 4mg #180. Dilaudid (hydromorphone hydrochloride) is an Opioid, which like other opioid analgesics are recommended for short-term treatment of moderate to severe pain. The records indicate he has been using this medication since 02/2014, but his pain has since then increased from 7/10 to 10/10. The MTUS recommended criteria for discontinuing these medications include: If there is no overall improvement in function, unless there are extenuating circumstances; or if there is decrease in functioning. The requested treatment is not medically necessary and appropriate.

**Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

**Decision rationale:** The injured worker sustained a work related injury on 6/22/0. The medical records provided indicate the diagnosis of s/p multiple lumbar spine surgeries, s/p bone stimulator placement, and residual low back pain. Current treatment would include a spinal cord stimulator and analgesics/antispasmodics. The medical records provided for review do not indicate a medical necessity for Soma 350mg #60. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain. Soma (Carisprodal), is taking as 250 mg-350 mg four times a day. The MTUS does not recommend the use of this medication for more than 2-3 weeks, but the injured worker has been on the medication since 02/2014. The requested medication is not medically necessary and appropriate.