

Case Number:	CM15-0038503		
Date Assigned:	03/09/2015	Date of Injury:	05/09/2001
Decision Date:	04/10/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	03/02/2015

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: Arizona, 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 utilization review was performed on 1/27/15. The injured worker is a 54-year-old female, who sustained an industrial injury on 5/9/01. The injured worker has complaints of low back pain with bilateral leg pain and neuropathy. The documentation noted that her current medications were morphine, valium, fentanyl, zolpidem, Effexor, protonix, norco, soma, fentanyl pump, dilaudid pump and bupivacaine pump. The diagnoses have included probable lumbar facet mediated pain; lumbar degenerative disc disease; complex regional pain syndrome (CRPS) right lower extremity; spinal cord stimulator; intrathecal pump and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine IR 30mg #180: 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 MTUS guidelines, Morphine is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. Long Term-use has not been supported by any trials. The daily maximum dose of morphine equivalent should not exceed 120 mg. In this of Morphine equivalent. Recent progress note indicate the claimant received benefit from the medications to some degree but pain scores were not provided. The claimant had been on long-acting high doses of opioids for years. More benefit appeared to be derived from the use of the pain pump. The continued use of Morphine is not medically necessary.

Soma 350mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol 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 multiple high dose opioids for a prolonged period of time, which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.