

Case Number:	CM15-0041173		
Date Assigned:	03/11/2015	Date of Injury:	09/15/2010
Decision Date:	04/21/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/04/2015

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: Physical Medicine & Rehabilitation

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 52-year-old female, who sustained an industrial injury on September 15, 2010. The injured worker was diagnosed as having cervical foraminal stenosis, thoracic strain/sprain and bilateral carpal tunnel syndrome. Treatment to date has included medication and bilateral carpal tunnel release. A progress note dated February 5, 2015 the injured worker complains of slight pain and soreness in the hands. She reports there is no more burning or paresthesias. There is residual neck and upper back tightness. Physical exam reveals negative Tinel's and Phalen's sign and negative Spurling's sign with tenderness and spasms of the neck. The plan is for pain management, trial of Lidoderm patch, discontinues compound cream and home stretching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dlaidid 8mg 1 tablet O.D for 30 days #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with right hand, left-hand, and neck pain. The patient is status post lumbar fusion from 11/17/2014. The physician is requesting DILAUDID 8 MG ONE TABLET OD FOR 30 DAYS QUANTITY 15. The RFA was not made available for review. The patient's date of injury is from 09/15/2010 and she has reached maximum medical improvement. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of Dilaudid use. The 02/04/2015 progress report shows that the physician would like to try Dialudid as needed to help the patient tolerate physical therapy. Her current list of medications include Lunesta, Kadian, Lyrica, morphine, soma, Zofran, and Ambien. In this case, the trial of Dilaudid is appropriate to study its effects and benefits of use. The request IS medically necessary.

Soma 350mg 1 tablet TID for 30 days #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, Pain chapter.

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

Decision rationale: This patient presents with right hand, left-hand, and neck pain. The patient is status post lumbar fusion from 11/17/2014. The physician is requesting SOMA 350 MG ONE TABLET TID FOR 30 DAYS QUANTITY 30. The RFA was not made available for review. The patient's date of injury is from 09/15/2010 and she has reached maximum medical improvement. The MTUS Guidelines page 29 on carisoprodol -Soma- states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate -a schedule IV controlled substance. The records show that the patient was prescribed Soma on 08/01/2014. The 02/04/2014 progress report shows that the patient's medications are "helping." She rates her pain 10/10 without medication and 7/10 with medication. In this case, while the patient reports benefit from medication use, Soma is not recommended for long-term use based on the MTUS guidelines. The request IS NOT medically necessary.