

<b>Case Number:</b>	CM14-0132799		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/30/1997
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Orthopedic Surgery 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:

The claimant is a 50-year-old female who sustained a vocational injury on June 30, 1997 when she was bending over to pick up frozen meat and subsequently underwent an L3-4 and L4-5 laminectomy and fusion in November of 1997. The office note dated July 23, 2014, that documented diagnoses of chronic low back pain, lumboiliac fusion with removal of hardware, lumbar radiculopathy, chronic intermittent neck pain, cervicogenic posttraumatic migraines tension type, depression, anxiety, and bipolar disorder. The office note documented that the urine drug screen from January 8, 2014 was consistent with the prescribed analgesics without any evidence of illicit drug use. The claimant continued to complain of low back pain with radiation down the left buttocks, lateral left leg, into the bottom and top of the left foot with a burning pain in her heels, worse at night. She noted occasional radicular pain down the right leg with numbness to the toes and bottom of her right foot. The claimant also complained of worsening intermittent neck and upper back pain into both shoulders with occasional weakness in the upper extremities diffusely and numbness in the right hand. The claimant's medication regimen allows her to tolerate her pain levels. She noted that Soma was effective in reducing muscle spasm. Physical examination revealed that she did not appear over medicated, had a slow and antalgic gait requiring a single point cane. There was moderate cervical paraspinal muscle tenderness and upper trapezius tenderness. Cervical range of motion was limited in all planes. Neurologic testing and deep tendon reflexes were within normal limits as well as sensation testing. There was moderate to severe tenderness to palpation of lumbar paraspinal muscles and spasms were noted. Lumbar spine testing showed severe limited range of motion of flexion, extension, lateral flexion and rotation. Strength was 4/5 on the left extensor hallucis longus, ankle dorsiflexion and plantar flexion. Sensation was decreased in the left distal lateral calf. She was unable to elicit lower extremity deep tendon reflexes. Straight leg raising testing

was positive on the left. It was documented that the lumbar MRI from March 24, 2014 showed evidence of laminectomy with anteroposterior fusion at L4-5. This request is for Soma and Dilaudid.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain), Weaning of Medications Page(s): 29; 63, 65,.

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines state that muscle relaxants are recommended for nonsedating, short term treatment of acute exacerbations of patients with chronic low back pain. The documentation presented for review suggests the claimant has been on the medications for quite some time. There is no documentation to support that the claimant is Soma for acute short term exacerbation of low back complaints. The Chronic Pain Guidelines note that muscle relaxants in treatment of most low back pain cases show no benefit beyond NSAIDS and pain in overall improvement. Due to the fact that there is a lack of documentation suggesting the claimant has attempted, failed and exhausted traditional first line medications for acute exacerbations such as Tylenol or antiinflammatories and that the claimant is currently not using the medications for a short term acute exacerbation of low back pain, the request for the additional usage and prescription of Soma 350 mg, dispense #60 cannot be considered medically necessary.

**Dilaudid 4mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Overall Classification; Opioid Classifications: Short-acting/Long-acting opioids, Hydromorphone Dilaudid; generic; Opioids, criteria for use, Weaning of medications, pages 74-75, 75, 93, 76-84,124.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend that Dilaudid is used for ongoing management of chronic pain and the lowest possible dose of the opioid should be prescribed to improve pain and function. Dilaudid is indicated for the management of moderate to severe pain and is a very potent, analgesic opioid drug. It is potentially addictive as are all opioid analgesic medications. Opioids have been suggested for neuropathic pain that has not responded to first line recommendations as there are no trials of long term use. For chronic cervical and low back pain, it is not recommended to be prescribed for more than two weeks. There should be ongoing review and clinical documentation of pain relief, functional status, appropriate medication use, and side effects with a baseline established with the patient in reference to the treatment plan. Pain assessment should include current pain,

relief of reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The medical records do not contain any documentation that the claimant has had a recent urine drug screen as the last one was performed in January of 2014, confirming that the claimant was utilizing the medication appropriately. This is a very potent, potentially highly addictive medication and should not be used for more than two weeks at a time and the documentation suggests the claimant has been on the medication continuously for some time. Previous utilization review determinations recommended and provided recommendations for weaning of the medications which does not appear to have been attempted. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain MTUS Guidelines, the continued use of Dilaudid at the requested prescription cannot be considered medically necessary.