

<b>Case Number:</b>	CM15-0011007		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	04/09/1996
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 female, who sustained an industrial injury on April 9, 1996. The diagnoses have included reflex dystrophy, fibromyalgia, and chronic pain. Treatment to date has included, titration of intrathecal pain medication pump with weaning of oral pain medication attempt, chiropractic care, urine drug screening, heat/cold, rest, massage, home exercise program, and oral pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory medications. On December 3, 2014, the treating physician reported ongoing left foot and lower pain. The lumbar/sacral exam revealed tenderness to palpation at lumbar 5-sacral 1, decreased range of motion, and an antalgic gait. On January 20, 2015, the injured worker submitted an application for IMR for review of a prescription for Soma 350mg QTY: 90 and a prescription for Dilaudid 8mg QTY: 300. The Soma was non-certified based on the guidelines do not recommend this medication for longer than 2-3 weeks of use. The Dilaudid was modified based on lack of documentation of functional benefit. The request was modified to allow for conservative weaning. The Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The injured worker sustained a work related injury on April 9, 1996. The medical records provided indicate the diagnosis of reflex dystrophy, fibromyalgia, and chronic pain. Treatment to date has included, titration of intrathecal pain medication pump with weaning of oral pain medication attempt, chiropractic care, urine drug screening, heat/cold, rest, massage, home exercise program, and oral pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory medications. The medical records provided for review do not indicate a medical necessity for Soma 350mg #90. Soma (Carisoprodol) is a muscle relaxant dosed as: 250 mg-350 mg four times a day. The MTUS recommends using it for more than 2-3 weeks.

**Dilaudid 8mg #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

**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 April 9, 1996. The medical records provided indicate the diagnosis of reflex dystrophy, fibromyalgia, and chronic pain. Treatment to date has included, titration of intrathecal pain medication pump with weaning of oral pain medication attempt, chiropractic care, urine drug screening, heat/cold, rest, massage, home exercise program, and oral pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory medications. The medical records provided for review do not indicate a medical necessity for Dilaudid 8mg #300. The records indicate she has been taking this medication for some time, the pain appears to be worsening, she has remained totally disabled. The MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances; if there is continuing pain with the evidence of intolerable adverse effects; if decrease in functioning.