

Case Number:	CM15-0095641		
Date Assigned:	05/22/2015	Date of Injury:	06/26/1988
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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 58 year old female who sustained an industrial injury on 06/26/1988. Current diagnoses include facet arthropathy-cervical, cervical radiculopathy, cervical myofascial pain syndrome, degenerative disc disease-lumbar, lumbar radiculopathy, and sprain/strain lumbar region. Previous treatments included medication management, injections, and home exercise program. Previous diagnostic studies include urine drug screening. Report dated 03/04/2015 noted that the injured worker presented with complaints that included lumbar and bilateral sciatic pain. Pain level was 1 out of 10 (current, good day), and 8 out of 10 (current, bad day) on a visual analog scale (VAS). Physical examination was positive for lumbar tenderness with spasms, sciatic notch tenderness bilaterally, positive straight leg raises, antalgic gait, and decreased sensation in the bilateral lower extremity. The treatment plan included medication management, continue home exercise program, and follow up in 4 weeks. It was noted that medications help the injured worker to perform domestic chores, drive, shop, walking the dog, and exercise daily. Documentation supports long-term use of Soma and Dilaudid with no change in dosage or frequency. Disputed treatments include Soma and Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (Carisoprodol) 350mg quantity 60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of overall change in symptoms complaints and clinical findings for this 1988 injury. The Soma (Carisoprodol) 350mg quantity 60 with one refill is not medically necessary and appropriate.

Dilaudid (Hydromorphone Hydrochloride) 8mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific change in symptoms and clinical findings derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Dilaudid (Hydromorphone Hydrochloride) 8mg quantity 60 is not medically necessary and appropriate.

