

<b>Case Number:</b>	CM13-0054203		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/25/2002
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 69-year-old male with a 5/25/02 date of injury. At the time (10/17/13) of the Decision for 100 Tramadol 50MG, 1 every 6 hours; 30 Nexium 20MG; and 30 Soma 350MG, there is documentation of subjective (neck, upper back, low back, and right wrist pain) and objective (tenderness over thoracic spine and lumbar spine, and diminished sensation over the left mid-anterior thigh, left mid-lateral calf, and left lateral ankle) findings, current diagnoses (cervical spine strain, thoracic spine strain, lumbar spine strain, and bilateral carpal tunnel syndrome), and treatment to date (medications, including Tramadol, Nexium, and Soma since at least 3/1/13).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80,113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identify documentation that the prescriptions are from a single practitioner and are taken as directed; the

lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of opioids. In addition, specifically regarding Tramadol, the Guidelines identify documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. The Guidelines also state that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine strain, thoracic spine strain, lumbar spine strain, and bilateral carpal tunnel syndrome. In addition, there is documentation of ongoing treatment with Tramadol since at least 3/1/13. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the requested Tramadol is not medically necessary or appropriate at this time.

**NEXIUM 20MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identify that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple nonsteroidal anti-inflammatory drug (NSAID). The Guidelines also identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine strain, thoracic spine strain, lumbar spine strain, and bilateral carpal tunnel syndrome. In addition, there is documentation of ongoing treatment with Nexium since at least 3/1/13. However, there is no documentation of GI disorders (gastric/duodenal ulcers, gastroesophageal reflux disease (GERD), erosive esophagitis, or patient utilizing chronic NSAID therapy). Therefore, based on guidelines and a review of the evidence, the requested Nexium is not medically necessary at this time.

**SOMA 350MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain. Muscle relaxants (for pain).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identify that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. The Guidelines also identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines identify that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical spine strain, thoracic spine strain, lumbar spine strain, and bilateral carpal tunnel syndrome. In addition, there is documentation of ongoing treatment with Soma since at least 3/1/13. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Soma since at least 3/1/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the requested Soma is not medically necessary.