

Case Number:	CM13-0057094		
Date Assigned:	12/30/2013	Date of Injury:	01/21/2008
Decision Date:	04/10/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee who filed a claim for headaches, joint pain, limb pain, neck pain, numbness, tingling, and paresthesias reportedly associated with an industrial injury of January 21, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a prior cervical spine surgery; cervical epidural steroid injection therapy; Flector patches; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of October 28, 2013, the claims administrator seemingly denied a request for Soma, Flector, and Ultram. A November 27, 2013 progress note is notable for comments that the applicant has persistent pain complaints. The applicant reports 6/10 neck pain radiating to the upper extremities. The applicant is having difficulty sleeping. The applicant is referred to as "she" in some sections of the report and "he" in other sections of the report. The applicant's medications include Flector, tramadol, Soma, Motrin, benazepril, and hydrochlorothiazide. It is stated that the applicant is a candidate for surgery. It is stated that the applicant's pain score has been dropped from 7 to 9/10 without tramadol to 5/10 with tramadol. Other treatments, including acupuncture, physical therapy, manipulation, and epidural steroid injections, reportedly were not helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA®(CARISOPRODOL).

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is "not recommended" for chronic or long-term use purposes, particularly when used in conjunction with opioid agents. In this case, the applicant is using an opioid agent, Ultram. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request is not certified, on independent medical review.

ULTRAM 50MG #60 WITH TWO REFILLS.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ULTRAM®(TRAMADOL).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, the applicant's work status is unknown. It does not appear that the applicant has returned to work. Nevertheless, she does report appropriate analgesia with reduction in pain scores effected as a result of ongoing opioid usage. Usage of tramadol has facilitated her performance of self-care and some non-work activities of daily living, the attending provider has seemingly posited. Continuing Ultram is, on balance, therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

FLECTOR PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Flector is a derivative Voltaren or diclofenac. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren or diclofenac is indicated for relief of arthritis pain in small joints which lend themselves toward topical treatment, such as the ankle, elbow, foot, hand, knee, wrist, etc. Voltaren has not been indicated in the treatment of spine pain. In this case, the applicant's chronic neck pain is not an endorsed indication for usage of Flector patches, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on independent medical review.

