

Case Number:	CM14-0007737		
Date Assigned:	02/10/2014	Date of Injury:	01/24/2011
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 46-year-old female who reported an injury on 01/24/2011. The injured worker's medication history included Soma as of 2012. The mechanism of injury was cumulative trauma. The documentation of 07/29/2013 revealed the injured worker was using tramadol. The documentation of 12/23/2013 revealed the injured worker had increased neck pain and pain to the left elbow. The objective findings included positive tenderness to palpation of the lateral epicondyle of the right elbow, spasms and tenderness in the cervical region, and pain along with limited range of motion in the cervical region. The diagnoses include cervical DDD and right lateral epicondylitis. The treatment plan included physical therapy for the cervical and right elbow 2 times 6 weeks and a refill of tramadol and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Medications for Chronic pain, ongoing management Page(.

Decision rationale: The California MTUS Guidelines indicate that opiates are appropriate treatment for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 4 months. There was lack of documentation of the above criteria. The request as it is submitted failed to indicate the frequency for the request of medication. Given the above, the request for Tramadol 50 mg #60 is not medically necessary.

SOMA 350MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA Page(s): 29, 65).

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the treatment of acute low back pain and their use is recommend for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been on the medication for greater than 9 months. There was a lack of documented objective functional improvement. The request as it is submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #60 is not medically necessary.