

<b>Case Number:</b>	CM14-0109406		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/17/2007
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 35 year old male injured on 09/17/07 when he fell from a twenty foot ladder landing on his back sustaining T11 vertebral fracture and right hand fracture. The injured worker underwent lumbar discectomy and laminectomy two times following the initial injury. His diagnoses included chronic low back pain and left leg pain, T11 vertebral body fracture, L5 to S1 degenerative disease, right S1 radiculopathy, chronic opioid dependence, herniated nucleus, left L5 radiculopathy, status post L4 to L5 laminectomy/discectomy on 09/02/08 and 07/12/11, post-laminectomy syndrome, cannabis dependence, and severe depression. An Interdisciplinary assessment at HELP (functional restoration program) program dated 07/18/14 indicated the injured worker reported pain 8/10 90 to 100 percent of the time. The medication was listed as Soma 350 milligrams three tablets per day. The injured worker self-medicated with Hydrocodone and medical marijuana. However, there was no proof in controlled substance utilization review system (CURES). The injured worker had recently filled a Hydrocodone prescription or possessed medical cannabis card. The injured worker reported he had control over his high dose opioid use and self-tapered himself to current doses of hydrocodone compound and soma. The injured worker's prior treatments included medication management, physical therapy, home exercise program, chiropractic therapy, transcutaneous electrical nerve stimulation (TENS) unit, H wave therapy, and aquatic therapy. The initial request for Tramadol 50 milligrams quantity 90 with two refills, Soma 350 milligrams quantity 90 with two refills, and one full day HELP program (functional restoration program) multidisciplinary evaluation and HELP program was noncertified on 06/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids for chronic pain; Recommendations for general conditions; Opioids, red flags for addiction; Cautionary red flags for patients that may potentially abuse opioids; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The documentation indicates the injured worker exhibits habitual noncompliance with medication management and ongoing Tetrahydrocannabinol (THC) use. The injured worker participates in self-medication practices which are a contraindication to ongoing narcotic prescribing. Therefore, Tramadol 50 milligrams quantity 90 with two refills is not medically necessary.

**Soma 350mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodol350, Vanadom, generic available); Weaning of Medications.

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long term use. This medication is Food and Drug Administration (FDA) approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates the injured worker exhibits habitual noncompliance with medication management and ongoing Tetrahydrocannabinol (THC) use. The injured worker participates in self-medication practices which is a contraindication to ongoing narcotic prescribing. Therefore, Soma 350 milligrams quantity 90 with two refills is not medically necessary.

**1 full day HELP program multidisciplinary evaluation and HELP program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs); Chronic pain programs (functional restoration programs); Chronic pain programs, opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30.

**Decision rationale:** Documentation indication the injured worker underwent initial HELP evaluation on 07/18/14 at which time it was determined the injured worker self-medicated and felt he was in control of his pain and medication management. Based on the information obtained, it would be determined that the injured worker would not benefit from additional HELP program participation due to ongoing noncompliance and lack of participation in care plans. As such, the request for one full day HELP program multidisciplinary evaluation and HELP program cannot be recommended as medically necessary.