

Case Number:	CM14-0121603		
Date Assigned:	09/29/2014	Date of Injury:	08/24/1993
Decision Date:	10/31/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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 & 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 52-year-old male who reported a work related injury on 08/24/1993. The mechanism of injury was not provided for review. The injured worker's diagnoses consists of low back pain. The injured worker's past treatment has included epidural steroid injections, opioid therapy, and massage therapy. The injured worker's diagnostic studies include an MRI of the lumbar spine which reveals stenosis at L4-5 and L5-S1, worse on the left. An electrodiagnostic study dated 09/30/2011 revealed left L5-S1 radiculopathy. Upon examination on 08/05/2014, the injured worker complained of pain in the middle of his lower back, and intermittent numbness to the lateral leg. It was also noted that the injured had been using his a combination of medication for many years, without side effects, without escalation, and without any aberrant behaviors. The medications have allowed him to continue work. Upon examination, it was noted that the injured worker had good range of motion to the back, but little movement in the lumbar area, flexes knees slightly with forward bending. Paraspinous muscles in the lumbar and gluteal area are diffusely very tight, and he was tender in the lower lumbar spine and in the paraspinous area just inside the SI joints. The injured worker's prescribed medications include tramadol, acetaminophen, and carisoprodol. The injured worker's treatment plan consisted of refilling tramadol, acetaminophen, and carisoprodol. The rationale for the request was back spasms. A Request for Authorization form was submitted for review on 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 MG #90 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; muscle relaxants Page(s): 63-65.

Decision rationale: The request for carisoprodol is not medically necessary. The California MTUS Guidelines note that muscle relaxants for pain are recommended in certain situations, such as patients with chronic low back pain as a second line option for short term treatment of acute exacerbations. The guidelines also note that carisoprodol is not recommended for long term use due to its adverse effect and high rate of abuse. Use should be limited to 2 to 3 weeks, although the injured worker is experiencing low back pain, within the documentation it was noted that the injured worker has been prescribed carisoprodol since 2012. The guidelines recommend carisoprodol for a duration of 2 to 3 weeks. However, the injured worker has been prescribed the medication for beyond a 2 to 3 week period. An additional prescription of carisoprodol would exceed the length of recommended use as per the guidelines. Therefore, the request for carisoprodol is not medically necessary.

Tramadol 50 MG #120 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tramadol 50 MG #120 2 Refills is not medically necessary. The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment; current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. The injured worker complained of persistent pain to her low back with symptoms that radiated down her right lower extremity. In regards to the injured worker, there is no clear documentation as to functional benefits from chronic use of Tramadol. The documentation does not provide clinical information that contains evidence of significant measurable subjective information and functional improvement as a result of continued opioid use. Additionally, there is a lack of documentation indicating that the injured worker has increased ability to continue activities of daily living with the use of Tramadol, and there is a lack of documentation indicating the adverse effects of the medication, risk assessment of the employee for drug related behavior has been addressed. Therefore, the request for Tramadol

cannot be warranted. Furthermore, there is no indication that the continued use of Tramadol would have any benefit to the injured workers pain. As such, the request for Tramadol 50 MG #120 2 refills is not medically necessary.