

Case Number:	CM14-0150252		
Date Assigned:	09/18/2014	Date of Injury:	08/20/2013
Decision Date:	10/17/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

This injured worker is a 31 year-old woman with low back pain, buttock pain, hip pain and leg pain after a slip and fall on Aug 20, 2013. She was diagnosed with lumbar sprain/strain with radiculitis to both legs. She received physical therapy, chiropractic care, medications, muscle relaxant, off work orders/modified duty, and a urine drug screen. She has been prescribed Soma, Tramadol and Ibuprofen on a long-term basis. On the last documented office visit on July 21, 2014, the injured worker presented with resolved knee and finger pain, but with 5/10 back pain. She said she feels better when she is able to perform home exercises. It is stated that she is improving with less back pain. She was written to return to full duty Aug 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics: Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 65.

Decision rationale: Carisoprodol (Soma) is a skeletal muscle relaxant. According to evidence based guidelines this medication is not recommended in the treatment of acute or chronic

musculoskeletal problems. Long term use (>3 weeks) of Carisoprodol is not recommended due to potential for dependence and/or abuse and lack of evidence of effectiveness. This worker was injured on Aug 20, 2013 and placed on Soma shortly thereafter. Use for more than 3 weeks is not supported; therefore, this request for Soma 350mg #90 is not medically necessary and appropriate.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-75, 113.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Central acting analgesics are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. There is no documentation that this injured worker has been tried on a first line medication and had to discontinue it because of side effects that were not specified, or that the first line medication failed. This request for Tramadol 50mg #90, is not medically necessary and appropriate.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: Functional capacity evaluations are not addressed in the Medical Treatment Utilization Schedule (MTUS). Per the Official Disability Guidelines (ODG), it is recommended prior to admission to a Work Hardening (WH) Program. If an injured worker is actively participating in determining the suitability of a particular job, the functional capacity evaluation is more likely to be successful. A functional capacity evaluation is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific functional capacity evaluations are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider a functional capacity evaluation if 1. Case management is hampered by complex issues such as: - Prior unsuccessful return to work attempts.- Conflicting medical reporting on precautions and/or fitness for modified job.- Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate:- Close or at maximum medical improvement (MMI)/all key medical reports secured.- Additional/secondary conditions

clarified. Do not proceed with a functional capacity evaluation if- The sole purpose is to determine a worker's effort or compliance.- The worker has returned to work and an ergonomic assessment has not been arranged. This injured worker has chronic musculoskeletal pain with radiculitis who has been returned to full duty. She does not meet the above requirements of prior unsuccessful return to work attempts; conflicting medical reporting on precautions and/or fitness for modified job; and injuries that require detailed exploration of a worker's abilities. Also, there is no evidence that an ergonomic assessment has been arranged after her return to full duty. Therefore the request is not medically necessary and appropriate.