

<b>Case Number:</b>	CM14-0173419		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 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:

There were 23 pages provided for this review. The application for independent medical review was signed on October 20, 2014. It was for soma 350 mg twice a day number 60; Norco 10\325 every 4 to 6 hours as needed, number 150; and Tramadol 50 mg TID number 90. The question for the reviewer was whether Elavil, soma, Norco and tramadol were medically necessary. There was an MRI of the lumbar spine. The patient complained of chronic low back pain in the setting of degenerative disc disease and lumbar facet osteoarthritis. The pain radiated to the right leg. The patient was feeling severe pain which was rated at eight out of 10 with medications and 10 out of 10 without medications. The patient reported that due to joblessness the family was currently living in a shelter. The patient was a full-time caregiver to her son. On musculoskeletal evaluation of the lumbar spine, there was tenderness and tightness over the lumbosacral area and buttocks and over the piriformis muscles. There were greater than 30% restriction of flexion and 50% with extension. There was mild straight leg raise. There is mild dysesthesia and hypo anesthesia at the right posterior lateral leg. The motor exam is four out of five on the right leg, hip flexor, hip extensor and the extensor and flexor function due to pain. The patient was diagnosed with chronic pain syndrome, spasm of muscle, unspecified thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intravertebral disc, sacroiliitis not elsewhere classified, lumbago and lumbar facet osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg one tab BID # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Soma/Carisoprodol

**Decision rationale:** The MTUS provided insufficient information. The ODG note in the Pain section: "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004). Soma is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request for Soma is not medically necessary.

**Norco 10/325 mg every 4 to 6 hours PRN, # 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

**Decision rationale:** In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term Opiate usage of Norco is not medically necessary per MTUS guideline review.

**Tramadol 50 mg three times per day # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 12, 13, 83, 113 of 127.

**Decision rationale:** Per the MTUS, Tramadol is an Opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of Tramadol is therefore not supported as being medically necessary.