

<b>Case Number:</b>	CM14-0179399		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	03/30/2006
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 51 year old female who was injured at work on 03/30/2006. She is reported to be complaining of low back pain that is worsened by walking, sitting and standing; pain and swelling of the left foot; sensitivity to touch in the left ankle and foot; pain in the left knee due to compensation from the right knee problems; numbness and tingling in the right upper extremity and lower extremity. The physical examination revealed decreased cervical, lumbar and knee range of motion with tenderness; spasms and tenderness of the cervical spine; mild of the right knee; pain to the right thigh on straight leg test. The worker has been diagnosed of Plica syndrome and chondromalacia right knee, cervical spine musculoligamentous sprain, Lumbosacral spine herniated disc. Treatments have included Aqua therapy, Arthroscopy, Tylenol no 3, Naproxen, Cyclobenzaprine, Omeprazole, and Ambien. At dispute are the request for 1 prescription for Doral (Quazepam) 15mg, #30; 1 prescription for Ultram (Tramadol) 150mg, #60; 1 prescription for Soma (Carisoprodol) #50mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Doral (Quazepam) 15mg, #30 dispensed: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The injured worker sustained a work related injury on 03/30/2006. The medical records provided indicate the diagnosis Plica syndrome and chondromalacia right knee, cervical spine musculoligamentous sprain, Lumbosacral spine herniated disc. Treatments have included Aqua therapy, arthroscopy, Tylenol #3, Naproxen, Cyclobenzaprine, Omeprazole, Ambien. The medical records provided for review do not indicate a medical necessity for 1 prescription for Doral (Quazepam) 15mg, #30 dispensed. The MTUS does not recommend the use of the Benzodiazepines for more than 4 weeks. The records indicate the injured worker has used the Benzodiazepines for almost a year, with few breaks. The requested treatment is not medically necessary and appropriate.

**1 prescription for Ultram (Tramadol) 150mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**Decision rationale:** The injured worker sustained a work related injury on 03/30/2006. The medical records provided indicate the diagnosis Plica syndrome and chondromalacia right knee, cervical spine musculoligamentous sprain, Lumbosacral spine herniated disc. Treatments have included Aqua therapy, arthroscopy, Tylenol no 3, Naproxen, Cyclobenzaprine, omeprazole, Ambien. The medical records provided for review do not indicate a medical necessity for Ultram (Tramadol) 150mg, #60. The MTUS recommends against the use of opioids for treatment of chronic pain beyond 16 weeks, or treatment of chronic pain beyond 70 days; but the records indicate the injured worker has been using opioids for at least one year. The injured worker has continued to complain of pain, and has remained off work. The MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances. Therefore, the requested treatment is not medically necessary and appropriate.

**1 prescription for Soma (Carlsoprodal) #50mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The injured worker sustained a work related injury on 03/30/2006. The medical records provided indicate the diagnosis Plica syndrome and chondromalacia right knee, cervical spine musculoligamentous sprain, Lumbosacral spine herniated disc. Treatments have included Aqua therapy, arthroscopy, Tylenol no 3, Naproxen, Cyclobenzaprine, omeprazole, Soma (Carisoprodol) Ambien. The medical records provided for review do not indicate a

medical necessity for 1 prescription for Soma (Carisoprodol) #350mg, #60. The records revealed the injured worker has been using this medication or other muscle relaxants for a long time, (since 2009 going by the utilization review report). Like all muscle relaxants, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of chronic Low back pain. Specifically for Carisoprodol, the MTUS recommends against the use of Carisoprodol for more than two to three weeks, due to worsening side effects and decreasing efficacy. Therefore, the requested treatment is not medically necessary and appropriate.