MAXIMUS Federal Services

Case Number:	CM14-0077358		
Date Assigned:	07/18/2014	Date of Injury:	03/31/2006
Decision Date:	10/06/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/27/2014

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 and 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 50 year-old male who reported a work related injury on 03/31/2006 due to a truck ramming into a van he was driving and he had immediate pain in his neck, left shoulder, left knee, and lower back. The injured workers diagnoses consist of status post-surgical repair of the left shoulder and left knee. The injured worker has received steroid injections to the left shoulder in the subacromial spaces, medication, and physical therapy. A MR arthrogram of the left shoulder dated 02/02/2011 revealed progression of degenerative changes, moderate supraspinatus tendinosis, and a small non-displaced tear of the posterior aspect at the biceps anchor. An EMG/NCV was performed on 07/13/2012 which revealed normal EMG examination and also noted a mild abnormal NCV study. A urine drug screen performed on 03/25/2013 was positive for THC, which was inconsistent with prescribed medications. Another drug screen was performed on 07/31/2013 which was positive for Ranitidine and no evidence of Amitriptyline. Amitriptyline was a prescribed medication, there was no evidence of opioid use or muscle relaxants. The injured worker had a total of 6 prior operations, the last one being several months ago for his knee because of cartilage damage in hopes to repair the knee which was noted to be performed on 12/19/2011. The injured worker also had multiple surgeries to the shoulder. Upon examination on 04/28/2014 the injured worker complained of back pain to the lower region for about a week. He also had ongoing complaints of bilateral shoulder and knee pain. The injured worker requested medication to help with the pain. He also stated his doctor diagnosed him with scoliosis. He rated his pain level in regards to his back as an 8/10 on a VAS pain scale. Upon observation of the injured worker's back it was noted there was no obvious or visual signs of lumps, bumps, redness, erythema, or open wounds. Palpation of the lower back tenderness was noted with limited range of motion. The injured worker was unable to twist side to side or bend forward. Prescribed medications include Soma, Ibuprofen, Tramadol, Omeprazole, Gabapentin,

and Restone. The treatment plan consisted of Tramadol 37.5/225mg, 1 po daily q8h, #90 and Soma 350mg, 1 po tid, #90. The rational for the request was for post-surgical interventions for pain. The request for authorization form was submitted for review on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/225mg, 1 po daily q8h, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultra ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

Decision rationale: The request for Tramadol 37.5/225mg, 1 po daily q8h, #90 is not medically necessary. The California MTUS states Tramadol is a synthetic opioid affecting the central nervous system. The analgesic dose for Tramadol is indicated for moderate to severe pain. Within the documentation a peer review recommended Tramadol for weaning purposes only. Since the recommendation, weaning has not taken place. The request for Tramadol has the same dose, quantity and frequency as the previous request. It was also previously noted in the documentation that a urine drug screen was negative for Tramadol which may have indicated medication diversion, mis-use or abuse. A urine drug screen that was conducted on 03/25/2013 revealed THC which is an illicit substance, the presence of an illicit drug on a drug screen causes for immediate weaning and discontinuation of an opioid. Additionally, another drug screen was completed on 07/31/2013 and also yielded inconsistent results. After the inconsistencies with prescribed medications Tramadol was continued to be prescribed. Furthermore, despite the continued use of Tramadol the injured worker remains impaired and continues to report severe symptoms. Within the documentation submitted for review 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 37.5/225mg, 1 po daily q8h, #90 is not medically necessary.

Soma 350mg, 1 po tid, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxantsCarisoprodal (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 Soma 350mg, 1 po tid, #90 is not medically necessary. The California MTUS notes 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 Soma is not recommended for long-term use due to its adverse effects and high rate of abuse. Use should be limited to 2-3 weeks. Although the injured worker is experiencing low back pain, within the documentation it is noted that the

injured worker was prescribed Soma on 12/13/13, the guidelines recommend Soma for a duration of 2-3 weeks. However, the patient has already been prescribed the medication for a period of 2-3 weeks. An additional prescription of Soma 350mg, 1 po tid, #90 would exceed the length of recommended usage per the guidelines. Therefore, for the request for Soma 350mg, 1 po tid, #90 is not medically necessary.