

Case Number:	CM14-0083112		
Date Assigned:	07/18/2014	Date of Injury:	11/02/2005
Decision Date:	12/23/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/30/2014

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 Internal 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:

The patient is an injured worker with the diagnoses of lumbar disc syndrome, lumbar radiculopathy, cervical chronic sprain, cervical myofascitis, right lateral epicondylitis, and left trochanteric bursitis. The date of injury was 11/02/2005. The progress report dated 04/23/2014 documented subjective complaints of neck, back, and extremity pain. The patient had bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection on March 31, 2014. Overall, she points that her bilateral lower extremity pain has improved by approximately 65% to 70%. She remains symptomatic in her neck and bilateral upper extremities with associated numbness and tingling. Physical examination that was remarkable for pain level of nine out of ten, cervical spine tenderness in the bilateral paracervical musculature and upper trapezius musculature, and tenderness over the extensor muscle group of the bilateral forearms. The physician also noted a decreased sensation over the cervical C7 nerve root and a positive Tinel's sign over the bilateral wrists. The lumbar spine was noted for minimal tenderness over the bilateral paraspinal musculature. MRI magnetic resonance imaging dated 03/05/2014 was remarkable for a one to two millimeter disc protrusions at cervical C3-4, cervical C4-5, cervical C5-6, and cervical C6-7. Magnetic resonance imaging from 08/21/2009 was remarkable for lumbar L4-5 disc protrusion of two to three millimeters, moderate hypertrophic facet changes, lateral recess stenosis bilaterally, disc protrusion of two millimeters at L5-S1, and mild hypertrophic facet changes. Treatment modalities provided to the injured worker included multiple transforaminal epidural steroid injections to the lumbar spine, use of a cane, right lateral epicondylar corticosteroid injections, right paracervical trapezium and levator scapular trigger point injections, and medication regimen of Xoten transdermal cream, Mobic, Voltaren gel, Tramadol, Motrin, Soma, and Prilosec. The progress report dated 04/23/2014 noted the injured worker to have benefited from the pain medication regimen of Tramadol, Soma, Motrin, and Xoten lotion for relief of

symptomatic pain. Primary treating physicians progress evaluation dated April 23, 2014 documented that the patient continues to report a benefit from her current pain medicine regimen, which consists of Tramadol 50 mg one half tablet twice a day for breakthrough pain. Urine drug screen dated 11/27/13 detected Tramadol and Carisoprodol. Utilization review determination date was 5/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 Mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 93-94, 113, 123, 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document that the patient had pain and objective evidence of pathology on physical examination and imaging studies. The patient has regular clinic visits for reassessment. Analgesia and benefit were documented. Urine drug screen was consistent. No adverse effects associated with Tramadol were reported. Per MTUS, Tramadol (Ultram) is indicated for the management of moderate to moderately severe pain. Medical records and MTUS guidelines support the prescription of Tramadol (Ultram). Therefore, the request for Tramadol 50 Mg #30 is medically necessary.

Soma 350Mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants Page(s): 29, 63-65.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's

motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Medical records indicate the long-term use of Soma (Carisoprodol), which is not supported by MTUS guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS Chronic Pain Medical Treatment Guidelines state that Soma (Carisoprodol) is not recommended. MTUS and ACOEM guidelines do not support the use of Soma (Carisoprodol). Therefore, the request for Soma 350Mg #90 is not medically necessary.