

Case Number:	CM14-0181229		
Date Assigned:	11/05/2014	Date of Injury:	04/24/2014
Decision Date:	01/23/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 a 31-year-old male with a date of injury of 04/24/2014. According to progress report dated 10/09/2014, the patient presents with significant neck, low back, and left knee pain. The patient continues to take medications for pain "which helped his symptoms." Examination of the cervical spine revealed tenderness and spasms in the paraspinal muscles. Range of motion was decreased with flexion and extension. Examination of the lumbar spine revealed decreased range of motion on all planes. There was reduced sensory in the left L5 dermatomal distribution. There was positive straight leg raise on the left in sitting position. Examination of the bilateral knees revealed tenderness to pressure over the left knee. Other examination findings were within normal limits. The listed diagnoses are cervical sprain, lumbar radiculopathy and internal derangement of knee, not otherwise specified. The treatment plan was for patient to continue with medications as before. The patient is on modified work duty with restrictions. The utilization review denied the request on 11/21/2014. Treatment reports from 04/28/2014 through 10/02/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #60, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: This patient presents with neck, low back, and bilateral knee complaints. For muscle relaxants, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation of patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most LBP cases, they show no benefit on NSAIDs, pain, and overall improvement. Efficacy appears to diminish over time, and prolonged uses of medications in this class may lead to dependence." Review of the medical file indicates the patient has been taking cyclobenzaprine since at least 05/30/2014. On 10/09/2014, the physician made a recommendation for Carisoprodol 350 mg to be taken twice daily #60 with 2 refills. In this case, muscle relaxants are not intended for long-term use. Therefore the request for Carisoprodol 350mg #60 is not medically necessary.

Tramadol 50mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,78.

Decision rationale: This patient presents with neck, low back, and bilateral knee complaints. Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed tramadol since at least 06/26/2014. In this case, recommendation for further use of Tramadol cannot be supported as the physician provides no discussion regarding functional improvement or specific changes in the ADLs with utilizing long-term opioid. There is no before and after scale provided to show analgesia and adverse side effects are not discussed. Urine drug screens to monitor medication compliance are not provided and aberrant behaviors and adverse side effects are not discussed. The treating physician has failed to document the minimum requirements of documentation that are outlined in the MTUS for continued opioid use and slow weaning per MTUS Guidelines. The request for Tramadol 50mg #60 is not medically necessary.