

Case Number:	CM14-0198352		
Date Assigned:	12/08/2014	Date of Injury:	01/23/2008
Decision Date:	01/23/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This 41 year old male sustained a work related injury on 01/23/2008. The mechanism of injury was not made known. As of an office visit dated 10/15/2014, the injured worker continued to have chronic low back pain. Pain was recently increased due to medication refills being denied. Physical examination revealed tenderness to palpation bilaterally about the lumbar paraspinal musculature. Active voluntary range of motion of the thoracolumbar spine was limited. The injured worker was able to forward flex to approximately 45 degrees and extend to 10 degrees before experiencing low back pain. Lateral bending was limited to 15 degrees in either direction. The injured worker was able to heel and toe walk across the examining room without difficulty. There was no evidence of any limp or antalgic gait. The straight leg raising test was felt to be negative at 70 degrees in the sitting as well as the lying position. The femoral stretch test was negative. Motor examination was felt to be normal in all major muscle groups of the lower extremities. Sensory examination was normal to light touch. Quadriceps reflexes were 1-2+ and symmetrical. Achilles' reflexes were 0-1+ and symmetrical. No pathologic reflexes were evident. He did not appear to be having any radicular symptoms. Occasional symptoms radiated into his thigh. His symptoms were noted to be controlled well with the medication given in the office. He was given prescriptions for Tylenol 3, Ultram and Soma. According to the provider the injured worker continued to have chronic intermittent flare-up and was in need of supportive care for these flare-ups. There was no documentation regarding activities of daily living. The injured worker remained permanent and stationary. There were no laboratory test results submitted for review and there was no signed narcotic contract. On 11/05/2014, Utilization Review modified the request for Tylenol 3 #60 X 2 refills, Ultram 50mg #100 with 2 refills and Soma 350gm #40 with 2 refills. The request was received on 10/29/2014. According to the Utilization Review physician in regards to Tylenol 3 and Ultram, documentation did not identify

measurable analgesic benefit (VAS scores) with the use of opioids and there was no documentation of functional/vocational benefit with ongoing use. There was no documentation of UDS performed to monitor compliance and screen for aberrant behavior and no documentation of a signed opiate agreement. Ongoing use of chronic opioids was not supported in the current clinical situation. In regards to Soma, the medication was not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for the sedative and relaxant effects. Medical necessity of Soma is not supported. It is only supported for short-term use up to two weeks. The medication is habit forming, lacks long-term efficacy and there are readily available alternatives. Since these medications were not to be abruptly discontinued, modifications were made for weaning purposes. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3 #60 X 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Tylenol#3 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules :(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of reduction of pain and functional improvement with previous use of Tylenol. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tylenol 3). There is no clear documentation of the efficacy/safety of previous use of Tylenol 3. There is no recent evidence of objective monitoring of compliance of

the patient with his medications. There is no clear justification for the need to continue the use of Tylenol 3. Therefore, the prescription of Tylenol#3 is not medically necessary.

Ultram 50mg #100 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Ultram 50mg #100 is not medically necessary.

Soma 350gm #40 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA Page(s): 29.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for more than 3 weeks without clear evidence of spasm or exacerbation of pain. There is no justification for prolonged use of Soma. The request for SOMA 350 mg is not medically necessary.