MAXIMUS Federal Services

Case Number:	CM15-0001162		
Date Assigned:	01/12/2015	Date of Injury:	03/09/2004
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

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 60 year old male was injured 3/9/04. The mechanism of injury was not clear. Current complaints include intermittent, stabbing low back pain and migraine headaches which have increased since denial of pain medications. Pain intensity was 9/10. Medications include naproxen, Tramadol, topiramate, ibuprofen, Soma and omeprazole. Diagnoses include lumbar sprain/ strain; lumbosacral or thoracic, neuritis or radiculitis, unspecified; chronic pain. Treatments included acupuncture; use of transcutaneous electrical nerve stimulator (TENS) unit. The patient has had 6 trial sessions of the Acupuncture with no significant change in functional improvement. Per the doctor's note dated 12/23/14 patient had complaints of back pain at 6-7/10. Physical examination revealed pain stiffness and muscle tightness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 and Muscle relaxants, page 63Carisoprodol (Soma). .

Decision rationale: 1. Request: Soma 350mg #30According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain. Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 03/09/04. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore, the medical necessity of Soma 350mg #30 is not established for this patient.

Tramadol 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), Page 75Central actin.

Decision rationale: 2. Request: Tramadol 50mg #60Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines, Central acting analgesics an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Pain intensity was 9/10. Diagnoses include lumbar sprain/strain; lumbosacral or thoracic,

neuritis or radiculitis, unspecified; chronic pain. Per the doctor's note dated 12/23/14 patient had complaints of back pain at 6-7/10. Physical examination revealed pain stiffness and muscle tightness. Patient is already taking a NSIAD and a muscle relaxant. The patient is not taking any other potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg #60 is deemed as medically appropriate and necessary.

Lidoderm 5% patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsLidoderm (lidocaine patch) Page(s): 111-112, and page 56-57.

Decision rationale: 3. Request: Lidoderm 5% patches #30According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents.According to the MTUS Chronic Pain Guidelines Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of the medication Lidoderm 5% patches #30 is not fully established.

12 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 4. Request: 12 acupuncture sessionsAcupuncture Medical Treatment Guidelines Per the CA MTUS Acupuncture medical treatment guidelines cited below state that Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. CA MTUS Acupuncture

guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. The patient has had 6 trial sessions of the Acupuncture with no significant change in functional improvement. The requested additional visits in addition to the previously certified acupuncture sessions are more than the recommended by the cited criteria. The prior acupuncture therapy visit notes were not specified in the records provided. There was no evidence of significant ongoing progressive functional improvement from the previous acupuncture visits that was documented in the records provided. Patient has received an unspecified number of PT visits for this injury. Response to any prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity of the request for 12 acupuncture sessions is not fully established in this patient.