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| Case Number: | CM15-0003959 | | |
| Date Assigned: | 01/14/2015 | Date of Injury: | 03/04/2011 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 01/07/2015 |

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: New Jersey, New York
 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:

The injured worker is a 39 year old female, who sustained an industrial injury on 3/4/11. She has reported head, neck and upper extremity pain. The diagnoses have included post-surgical laminectomy syndrome, cervical radiculopathy, muscle spasm and muscle disorder. Treatment to date has included medications, disc replacement surgery of C5-C6. Currently, the IW complains of neck pain and bilateral upper extremity pain. Physical exam noted on progress report of 12/3/14 revealed limited range of motion of cervical spine, limited by pain and right shoulder restricted range of motion causing pain. On 12/24/14 Utilization Review non-certified a prescription for Tramadol HCL 50 mg, noting the previous review indicated weaning or discontinuing at that time. The MTUS, ACOEM Guidelines, was cited. Utilization review non-certified SOMA, noting muscle relaxants are recommended for short term use and the Injured Worker should already have been weaned. On 12/29/14, the injured worker submitted an application for IMR for review of Tramadol HCL 50 mg # 60 and Soma 350 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCI 50mg, Qty. 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what her pain was like previously and how much Tramadol decreased his pain. Patient is on multiple medications that decrease her pain. There was documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. The patient had a urine drug screen that was negative for tramadol which may refle aberrant drug behavior. There was no drug contract. A previous review recommended tapering down. Because of these reasons, the request for continued use of Tramadol is considered not medically necessary.

Soma 350mg, Qty.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(s): 29.

Decision rationale: The request for Soma is not medically necessary. This centrally-acting muscle relaxant is not indicated for long-term use and the patient has been on it long-term. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. The patient is currently on Tramadol as well. The patient had a urine drug screen which was negative for Soma which may reflect aberrant-drug behavior. Therefore, it is considered not medically necessary.