

Case Number:	CM15-0004609		
Date Assigned:	01/15/2015	Date of Injury:	01/08/2013
Decision Date:	03/24/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/08/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 43 year old female, who sustained an industrial injury on 1/08/2013. She underwent left knee arthroscopic meniscectomy and debridement (no date has been provided). The diagnoses have included tear of medical cartilage or meniscus of the knee. Treatment to date has included bracing, medications, consultations, injections, physical therapy and activity modifications. X-rays of the bilateral knees dated 3/08/2013 documented mild medial joint bone loss bilaterally. Currently, the IW complains of robbing, sharp and constant left knee pain rated as 8/10 without medication. There is numbness in the left leg. Objective findings included nonspecific tenderness upon palpation. There is moderate tenderness at the lateral parapatellar and lateral collateral on the left. McMurray test is positive. There is decreased range of motion. On 12/03/2014, Utilization Review non-certified a request for Soma 350mg #50 and modified a request for Ultram ER #120, noting that the clinical information submitted for review fails to meet the evidence based guidelines. The MTUS was cited. On 1/08/2015, the injured worker submitted an application for IMR for review of Soma 350mg #50 and Ultram ER #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram-ER 50mg #120 1 tablet 6 times per hour with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol page(s) 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 her medications. Therefore, the prescription of Ultram-ER 50mg #120 1 tablet 6 times per hour with 4 refills is not medically necessary.

Soma 350mg quantity of 60 1 tablet 4 times per day with 4 refills: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is 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 a long time without clear evidence of spasm or exacerbation of knee, neck and lumbar pain. There is no justification for prolonged use of Soma. The request for Soma 350mg #30 is not medically necessary.