

<b>Case Number:</b>	CM15-0101882		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	11/04/1999
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64 year old female, who sustained an industrial injury on November 4, 1999 while working as a registered nurse. The injury occurred after moving a patient. The injured worker has been treated for neck and low back complaints. The diagnoses have included lumbar stenosis, lumbosacral spondylosis without myelopathy, lumbar radiculitis and chronic pain disorder. Treatment to date has included medications, radiological studies, acupuncture treatments, physical therapy, lumbar spine surgery and a cervical fusion. Current documentation dated April 16, 2015 notes that the injured worker reported left lower extremity radiculopathy and two recent falls. The injured worker underwent a lumbar hemi-laminectomy in October of 2014. The pain level was noted to be a three-four out of ten on the visual analogue scale. The pain was located on the left side with an area of numbness below the knee anterolaterally. A neurologic examination revealed the injured workers motor strength to be a 5/5 and sensation was slightly diminished to light touch below the knee on the left. Her gait was noted to be grossly intact. The treating physician's plan of care included a request for the medications Soma 250 mg # 90 and Ultram 50 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 250mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with left leg pain rated 3-4/10. The request is for Soma 250MG #90. The request for authorization is dated 05/06/15. The patient is status-post left L3-L4 and L4-L5 hemilaminectomy and foraminotomy, 10/09/14. Physical examination reveals a well healed incision, guarding hip movement and slightly diminished light touch sensation below-the-knee on the left. Patient has attended four post-operative PT and indicates that they concentrated on the neck. Patient's medications include Neurontin, Ultram, Soma, Celebrex, Robaxin, Ultracet, Nexium, Climara and Prometrium. The patient's work status was not provided. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient is prescribed Soma since at least 01/14/15. Furthermore, the request for additional Soma #90 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

**Ultram 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): 76-78, 88-89.

**Decision rationale:** The patient presents with left leg pain rated 3-4/10. The request is for ULTRAM 50MG #60. The request for authorization is dated 05/06/15. The patient is status-post left L3-L4 and L4-L5 hemilaminectomy and foraminotomy, 10/09/14. Physical examination reveals a well-healed incision, guarding hip movement and slightly diminished light touch sensation below the knee on the left. Patient has attended four post-operative PT and indicates that they concentrated on the neck. Patient's medications include Neurontin, Ultram, Soma, Celebrex, Robaxin, Ultracet, Nexium, Climara and Prometrium. The patient's work status was not provided. MTUS Guidelines pages 88 and 89 states, "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. Treater does not specifically discuss this medication. Patient has been prescribed Ultram since at least 01/14/15. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how

Ultram significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Ultram. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract is provided. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.