

Case Number:	CM15-0132260		
Date Assigned:	07/20/2015	Date of Injury:	10/11/2011
Decision Date:	08/20/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/08/2015

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: 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 37 year old female, who sustained an industrial injury on 10/11/2011. Diagnoses include lumbar back pain and internal derangement left knee. Treatment to date has included medications including Norco, Soma and Tramadol. Per the Primary Treating Physician's Progress Report dated 5/20/2015, the injured worker reported working full time and 24/7 lower back pain and knee ache. Physical examination revealed slight left knee tenderness and slight lumbar spine tenderness. The plan of care included medications and authorization was requested for Tramadol 50mg, Soma 350mg and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 174.

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

Decision rationale: The patient presents with pain in the low back and the left knee. The request is for TRAMADOL 50 MG (UNSPECIFIED QUANTITY). Physical examination to the lumbar spine on 04/02/15 revealed slight tenderness to palpation. Examination to the left knee revealed slight tenderness to palpation. Per 05/20/15 progress report, patient's diagnosis include mechanical low back pain, and internal derangement left knee. Patient's medications, per 02/17/15 progress report include Norco, Soma and Tramadol. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater has not discussed this request. Patient has received prescriptions for Tramadol from 01/06/15 and 05/20/15. In this case, treater has not discussed how Tramadol decreases pain and significantly improves patient's activities of daily living. There are no UDS's, no opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Soma 350mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma)
<https://www.medicaid.state.ar.us/Download/provider/harm/CarisoTaper.pdf>.

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

Decision rationale: The patient presents with pain in the low back and the left knee. The request is for SOMA 350 MG (UNSPECIFIED QUANTITY). Physical examination to the lumbar spine on 04/02/15 revealed slight tenderness to palpation. Examination to the left knee revealed slight tenderness to palpation. Per 05/20/15 progress report, patient's diagnosis include mechanical low back pain, and internal derangement left knee. Patient's medications, per 02/17/15 progress report include Norco, Soma and Tramadol. Patient is permanent and stationary. 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." The treater has not provided a reason for the request. Patient has received prescriptions for Soma from 01/06/15 and 05/20/15. MTUS recommends Soma only for a short period. However, the medical records provided indicate that the patient has been utilizing this medication for at least 5 months which exceeds guideline recommendation of 2-3 week period. The request is not in line with guideline recommendations. Therefore, the request IS NOT medically necessary.

Norco 10/325mg (unspecified quantity): 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 pain in the low back and the left knee. The request is for NORCO 10/325 MG (UNSPECIFIED QUANTITY). Physical examination to the lumbar spine on 04/02/15 revealed slight tenderness to palpation. Examination to the left knee revealed slight tenderness to palpation. Per 05/20/15 progress report, patient's diagnosis include mechanical low back pain, and internal derangement left knee. Patient's medications, per 02/17/15 progress report include Norco, Soma and Tramadol. Patient is permanent and stationary. 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 has not provided reason for the request. UR letter dated 06/15/15 has modified the request to 60 tablets over a two month period for weaning. Patient was prescribed Norco from 01/06/15 and 05/20/15. In this case, the 4A's are not appropriately addressed, as required by MTUS. Treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. USD report results dated 11/04/14 were consistent with patient's medications. However, no CURES or opioid pain contract were provided. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.