

Case Number:	CM15-0136179		
Date Assigned:	07/27/2015	Date of Injury:	02/04/2014
Decision Date:	09/29/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old female, who sustained an industrial injury on February 4, 2014. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbar intervertebral disc displacement without myelopathy, lumbago-low back pain; low back syndrome; lumbalgia; lumbosacral spondylosis; other and unspecified disc disorder lumbar region; lumbar annular tear; lumbar disc protrusion; and lumbar radiculopathy. Diagnostic studies to date have included: The medical records refer to an MRI of the lumbar spine, but the date and results were not included in the provided medical records. The medical records refer to a urine toxicology screens from December 17, 2014 and March 11, 2015, which did not detect prescribed medications. The reports from these urine toxicology screens were not included in the provided medical records. Treatment to date has included long-acting opioid analgesic, non-opioid analgesic, and muscle relaxant medications. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 3, 2015, the injured worker complains of frequent, moderate stabbing, throbbing low back pain that radiates to the right leg and foot with numbness, tingling, burning, and cramping, associated with prolonged sitting and standing. Her low back pain is rated 6/10. Rest provides relief. The physical exam revealed painful and decreased lumbar ranges of motion, tenderness to palpation of the lumbar 5-sacral 1 spinous process and right gluteus, straight leg raise caused pain on the right, and Kemp's caused pain. She was to remain off work. The treatment plan includes Soma, Tylenol ES, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.

Tylenol ES #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299; 308, Chronic Pain Treatment Guidelines Nonprescription medications Page(s): 67.

Decision rationale: Per the MTUS guidelines with regard to nonprescription medications: "Recommended: Acetaminophen (safest); NSAIDs (aspirin, ibuprofen). (Bigos, 1999) There should be caution about daily doses of acetaminophen and liver disease if over 4 g/day or in combination with other NSAIDs. (Watkins, 2006) See also NSAIDs (non-steroidal anti-inflammatory drugs)." While this may be a first line drug, the medical records submitted for review do not contain any evidence of pain relief or functional improvement associated with its use. The request is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records contain no UDS reports, however they refer to urine toxicology screens from 12/2014 and 3/2015 which were not consistent with prescribed medications. Absent documentation of functional improvement and safe usage, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning. The request is not medically necessary.