

<b>Case Number:</b>	CM15-0145534		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/29/2011
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old female, who sustained an industrial injury on May 29, 2011, incurring low back and knee injuries after a slip and fall. Magnetic Resonance Imaging of the lumbar spine revealed a central disc herniation and facet arthropathy and mild spinal stenosis. She was diagnosed with a lumbosacral sprain, lumbar spondylosis and chondromalacia of the right patella. Treatment included muscle relaxants, pain medications, work restrictions, acupuncture, lumbosacral corset, physical therapy, knee injections and topical analgesic lotion. Currently, the injured worker complained of persistent sharp back pain and persistent right knee pain. She noted occasional buckling of her right knee. The treatment plan that was requested for authorization included prescriptions for Soma and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

**Decision rationale:** According to MTUS guidelines, anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being medically necessary at this time.

**Tramadol 50mg #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, UDS have been appropriate, dose is below recommended upper limit of 100mg MED, there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription. Consequently continued use of short acting opioids is supported by the medical records and guidelines as being medically necessary.