

Case Number:	CM15-0160104		
Date Assigned:	08/26/2015	Date of Injury:	01/07/2015
Decision Date:	09/29/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: Emergency 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 58 year old male who sustained an injury on 1-7-15 to his left elbow, ribs and lung. The initial complaint occurred when the IW was working between a forklift and boxes. He tried to push a box further when he lost his balance, falling between the forklift and the surrounding cartons. There was no loss of consciousness after hitting his head. Initial symptoms involved pain in his back and scapular area and complained of inspiratory chest pain. Initial diagnoses included multiple rib fractures, left elbow contusion and cervical radiculopathy. Initial treatment included admission to the hospital and pain control. Diagnostic testing included CT scan, and X-rays, which showed rib fractures, 6, 7 and 8. The current diagnoses as noted from an evaluation dated 7-23-15 are multiple left sided rib fractures with pulmonary contusion; left elbow contusion and cervical radiculopathy. Work status is no heavy lifting exceeding 50 pounds. The current treatment plan is physical therapy 2 times a week for 3 weeks concentrating on cervical distraction techniques; orthopedic consultation for cervical radiculopathy in light of inability to do a cervical epidural steroid injection and medications Ultram (Tramadol), 100 mg, one tablet daily, may increase to two times daily as needed, #30 and Soma 350 mg 1 by mouth daily at bedtime when necessary #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 100 MG Qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request is for ultram, or tramadol, which is a synthetic opioid used for the treatment of pain. The chronic use of opioids is not without risk and requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, there is documentation of an improvement in pain located in the ribs and elbow. He continues to have neck pain. An MRI has demonstrated abnormal findings of severe central stenosis and there are abnormal findings on physical exam. The injured worker has actually returned to work, but is excluded from heavy lifting (use of opioids while driving or using heavy-duty machinery is not recommended due to sedative effect). Therefore, the request as written is medically necessary at this time. Ongoing use will require continued documentation of a functional benefit, as well as further attempts at other avenues for treatment.

Soma 350 MG Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol; Muscle relaxants Page(s): 29; 63-64.

Decision rationale: The request is for Soma, or carisoprodol, which is an antispasmodic used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Non-sedating muscle relaxants are recommend with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Abuse of carisoprodol 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. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. The request as written is not recommended by the MTUS, and is therefore not medically necessary.

Orthopedic Consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The request is for referral to an orthopedic surgeon. Referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The note from the treating physician includes documentation of an MRI that demonstrated severe central stenosis and effacement of the CSF. The injured worker has signs on physical exam of a radiculopathy, including positive Spurling maneuver. The treating physician requests referral to a physician who may be able to evaluate the injured worker for possible epidural joint injection. The injured worker may also require evaluation for possible surgical intervention. The request is supported by the MTUS guidelines and is therefore medically necessary.