

<b>Case Number:</b>	CM15-0162228		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	01/20/2000
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: New York  
Certification(s)/Specialty: Anesthesiology

### 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 63 year old female, who sustained an industrial injury on January 20, 2000. She reported tripping and falling. The injured worker was diagnosed as having cervical spine disc bulges, thoracic spine disc bulge, lumbar spine disc bulge, right shoulder strain, left shoulder strain, bilateral elbow strain, bilateral hand-wrist strain, bilateral knee strain, and bilateral ankle-foot strain. Treatments and evaluations to date have included acupuncture, epidural steroid injection (ESI), MRIs, x-rays, electrodiagnostic studies, extracorporeal shockwave therapy, and medication. Currently, the injured worker reports left shoulder pain. The handwritten Secondary Treating Physician's report dated July 17, 2017, noted the injured worker with a pain level of 8 out of 10. The report was partially illegible. The Physician noted the injured worker's medications were denied and the might have to pay out of pocket for them. A request for authorization was made for Soma, Tramadol, and a urine drug screen (UDS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60 x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 65.

**Decision rationale:** The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. The injured worker was noted to have been prescribed Soma since at least December 2014, far exceeding the recommended two to three week use, without documentation of improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical care with the use of the Soma. The injured worker's use of Soma had exceeded the recommended length of treatment without documentation of functional improvement. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Tramadol 50mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and use of drug screening with issues of abuse, addiction, or poor pain control. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The injured worker was noted to have been prescribed Tramadol, without documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), quality of life work status, or dependency on continued medical care with use of the

Tramadol. The documentation did not include a pain assessment that included the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Tramadol, how long it takes for pain relief, or how long the pain relief lasts. The treating physician's request did not include the directions for use, and as such, the prescription is not sufficient. Therefore, based on the guidelines, the documentation provided did not support the medical necessity for the request of Tramadol 50mg #60, with 3 refills.

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine drug testing (UDT).

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, Tramadol was not found to be medically necessary. Therefore, the requested urine drug screenings are not medically necessary.