

Case Number:	CM15-0167436		
Date Assigned:	09/08/2015	Date of Injury:	01/06/2014
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 female who sustained an industrial injury on 1-6-2014. She has reported neck pain into the bilateral upper extremities with numbness and tingling and has been diagnosed with sprain and strains of other and unspecified parts of the back, lumbar spine sprain strain, dislocation of the knee, pain in joint, lower leg, lumbago, cervicalgia, displacement of thoracic or lumbar intervertebral disc without myelopathy, intervertebral disc disorders, and other tear of cartilage of meniscus of knee current. Treatment has included medications. There was a positive Phalen's test. There are symptoms in the right C6 nerve root distribution and the right great toe. The treatment plan included medications. The treatment request included tramadol and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in January 2014 and is being treated for radiating neck and radiating low back pain. Beginning in March 2015 she was having decreased activities of daily living and increased medication use. When seen, there was positive right straight leg raising with decreased right lower extremity strength. There were cervical tenderness and muscle spasms with decreased right upper extremity sensation. Phalen and Tinels tests were positive. Tramadol and Soma were prescribed. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough moderate to severe pain. In this case, when prescribed, pain levels were not documented and failure of non opioid medications is not documented. If being prescribed on a long-term basis, there was no evidence this medication has provided decreased pain, an increased level of function, or improved quality of life. Prescribing tramadol is not medically necessary.

Soma 350 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work-related injury in January 2014 and is being treated for radiating neck and radiating low back pain. Beginning in March 2015 she was having decreased activities of daily living and increased medication use. When seen, there was positive right straight leg raising with decreased right lower extremity strength. There were cervical tenderness and muscle spasms with decreased right upper extremity sensation. Phalen and Tinels tests were positive. Tramadol and Soma were prescribed. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not medically necessary.