

<b>Case Number:</b>	CM15-0184592		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/11/2002
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: California

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 48 year old male, who sustained an industrial injury on 9-11-2002. A review of the medical records indicates that the injured worker is undergoing treatment for migraines, degeneration of thoracic or lumbar intervertebral disc, lumbar radiculitis, and osteoarthritis. On 8-19-2015, the injured worker reported back pain, with more numbness down his legs. The Treating Physician's report dated 8-19-2015, noted the injured worker was a truck driver, running out of medications, using seat cushions for his back, TENS unit, and back braces. The injured worker was noted to use Tramadol on the days he drives. The injured worker's current medications were listed as Carisoprodol, Meloxicam, Orphenadrine Citrate, Tramadol, and Tylenol with Codeine #4. The physical examination was noted to show moderate bilateral lumbar spine tenderness to palpation. Prior treatments have included lumbar facet joint injections noted to provide 50% relief for about 6 weeks, chiropractic treatments, and lumbar epidural steroid injection (ESI) providing temporary relief. The treatment plan was noted to include medications and instructions to the injured worker to exercise regularly. On 8-11-2015, the injured worker reported his low back pain was radiating down the left leg with numbness, rated 9-9.5 out of 10, using ice and heat as well as his medications to decrease the pain. On 7-7-2015, the injured worker was noted to have taken Soma, Tylenol with Codeine, and anti-inflammatories, still experiencing high pain levels of 9 out of 10. The Treating Physician's request for authorization requested Tramadol 50mg #720 with 1 refill, Meloxicam 15mg #90 with 1 refill, Tylenol with codeine No. 4 300/60mg #100 with 3 refills, and Carisoprodol 350mg #90 with 3 refills. The Utilization Review (UR) dated 8-26-2015, modified the requests for

Tramadol 50mg #720 with 1 refill to certification of #180 with the remaining #540 pills and one refill non-certified, Meloxicam 15mg #90 with 1 refill with certification of #30, Tylenol with codeine No. 4 300/60mg #100 with 3 refills with certification of #100 and non-certification of the 3 remaining refills, and Carisoprodol 350mg #90 with 3 refills certified for #14 with the remaining #75 pills and three refills non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Meloxicam 15mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Meloxicam 15mg #90 with 1 refill is not medically necessary.

**Tramadol 50mg #720 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The original review modified the request to #180 with the remaining #540 pills and one refill non-certified. Tramadol 50mg #720 with 1 refill is not medically necessary.

**Tylenol codeine No. 4 300/60mg #100 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that codeine is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. The patient reports pain numbers that are routinely high and very little functional improvement with the continued use of this medication. The original reviewer modified the request to exclude all refills as the patient will be routinely re-examined while being weaned from opioid therapy. Tylenol codeine No. 4 300/60mg #100 with 3 refills is not medically necessary.

**Carisoprodol 350mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Carisoprodol 350mg #90 with 3 refills is not medically necessary.