

Case Number:	CM15-0186502		
Date Assigned:	09/28/2015	Date of Injury:	02/23/2011
Decision Date:	11/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old male, who sustained an industrial injury on 02-23-2011. The injured worker was diagnosed as having bilateral medial compartment arthropathy, right knee contusion, possible medial meniscus tear (s/p right knee arthroscopy 04-2013), Quadriceps insufficiency right knee- associated with Pes Anserine Bursitis, right shoulder impingement syndrome-AC arthropathy 11-2012 and depression. On medical records dated 07-30-2015, the subjective complaints were noted as knee with new brace with provided some benefit, decreased pain with standing and walking. Also noted was right shoulder pain that radiates into bicep. Pain level was 4 out of 10 on 05-29-2015. Objective findings were noted a right shoulder with positive tenderness, negative Hawkins and negative empty can test and a slightly limited range of motion. Treatments to date included psychological therapy, surgical intervention, home exercise program and medication. Current medications were listed as listed on 07-30-2015. The injured worker was noted to be on Tramadol since at least 05-29-2015. The Utilization Review (UR) was dated 08-20-2015. A request for Tramadol 50mg #30 and Soma 350mg #30. The UR submitted for this medical review indicated that the request for Tramadol 50mg #30 and Soma 350mg #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #30: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support the ongoing opioid therapy with Tramadol and therefore is not medically necessary.

Soma 350mg, #30: 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): Muscle relaxants (for pain).

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Soma. This is not medically necessary and the original UR decision is upheld.