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| Case Number: | CM15-0188415 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 04/25/2005 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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: Texas, California

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 is a 63 year old female patient who sustained an industrial injury on April 25, 2005, incurring shoulder, neck and upper back injuries. The diagnoses include cervical spine degenerative disc disease with cervical disc protrusion. Per the doctor's note dated 5/21/15, she had complaints of pain on the right side of the neck radiating to the right shoulder and right arm and down into the hand. She had discomfort sleeping secondary to right shoulder pain. The physical examination revealed tenderness, pain with range of motion of the right shoulder and cervical spine and loss of motor strength rated 4 out of 5. The medications list includes tramadol, vicodin, prilosec and soma. She has undergone right shoulder surgery on 8/27/2009. She has had multiple diagnostic studies including MRI cervical spine and MRI right shoulder. Treatment included pain medications, proton pump inhibitor, muscle relaxants, epidural steroid injection with limited cervical pain relief, and work modifications. The treatment plan that was requested for authorization September 24, 2015, included prescriptions for Tramadol 50 mg, #60 and Soma 350 mg, #30. On August 28, 2015, a request for prescriptions for Tramadol and Soma was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

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 neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain;" Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided the patient had chronic pain on the right side of the neck radiating to the right shoulder and right arm and down into the hand. The patient has objective findings on the physical examination- tenderness, pain with range of motion and loss of motor strength rated 4 out of 5. The patient has history of right shoulder surgery. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50mg #60 is medically appropriate and necessary for this patient to use as prn during acute exacerbation.

Soma 350mg #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 Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The CA MTUS chronic pain guidelines do not recommended soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. The response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of acute exacerbation is not specified in the records provided. The medical necessity of Soma 350mg #30 is not established in this patient at this time. The request is not medically necessary.

