

Case Number:	CM15-0194482		
Date Assigned:	10/08/2015	Date of Injury:	02/04/2014
Decision Date:	11/16/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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: Arizona, 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 2-4-2014. Medical records indicate the worker is undergoing treatment for lumbar disc displacement, lumbar radiculopathy and lumbar spondylosis. A recent progress report dated 7-22-2015, reported the injured worker complained of lumbar pain rated 6 out of 10 that radiated to the right lower extremity with numbness and tingling. Physical examination revealed painful range of motion and tenderness to palpation of lumbar 5-sacral 1 and right gluteus. Bilateral lower extremities electromyography (EMG) was within normal limits. Treatment to date has included physical therapy, Soma (since at least 4-22-2015), Tylenol ES (since at least 3-11-2015) and Tramadol ER (since at least 3-26-2014). The physician is requesting for Soma 350mg #120, Tylenol ES #60 and Tramadol ER 100mg #60. On 9-25-2015, the Utilization Review modified the request for Soma 350mg #120 to #60 for weaning, Tylenol ES #60 for weaning and Tramadol ER 100mg #60 to #30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Weaning of Medications.

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Tramadol, which increases side effect risks and abuse potential. The claimant was on SOMA for several months. The use of SOMA is not medically necessary.

Tylenol ES #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

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

Decision rationale: According to the guidelines, Tylenol is recommended for chronic pain, arthritis and lumbar pain. In this case, the claimant does have chronic back pain. Although the claimant was no Tramadol and Soma, the use of Tylenol ES for chronic back pain is safe and appropriate over using opioids and NSAIDs. The Tramadol and Soma were not necessary as noted above. The continued use of Tylenol ES is appropriate to manage long-term pain.

Tramadol ER 100mg #60: 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 neuropathic pain, Opioids for chronic pain.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's baseline pain scores did not improve while on the medication. Pain reduction scores were not provided. Failure of weaning or Tricyclic use was not noted. The continued use of Tramadol ER as above is not medically necessary.