

Case Number:	CM15-0198221		
Date Assigned:	10/13/2015	Date of Injury:	06/17/1987
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/08/2015

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, North Carolina
 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 78 -year-old female who sustained an industrial injury on 6-17-1987. Diagnoses have included back pain and sciatica, and the physician states in the 9-17-2015 note she has "severe" spinal stenosis. Documented treatment includes "failed" spinal cord stimulator, 2 unspecified back surgeries, and medication. The most recent medical record provided dated 9-17-2015 the physician's objective examination revealed "significant" scoliosis, positive Romberg, ataxic gait, weakness in the left leg, and some muscle atrophy. There was no subjective pain rating or characterization of pain. The physician noted that the injured worker had been taking a muscle relaxer and Norco. The treating physician's plan of care includes Tramadol ER 100 mg #180; Carisprodol 350 mg #180; and, Norco 7.5-325 mg #360, all for 90 days. These medications are present in the documentation for at least 6 months. The provided medical records do not include urine drug screening, opioid contract, or discussion of medication behavior. These were "non-approved" on 10-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER (Ultram) 100 mg #180: 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: Tramadol is a synthetic centrally acting opioid indicated for short-term use in moderate to moderately severe pain. It is not recommended for long-term use. In this case, the patient, whose date of injury was 28 years ago, complains of chronic back pain. Tramadol is not recommended as a first-line oral analgesic, however. Clinical documentation of the 4 A's (analgesia, ADLs, appropriate medication use and adverse events) is required by monitoring guidelines. In this case, there is no indication of urine drug screening, opioid contract or discussion of adverse events. In addition, Tramadol is being used in combination with SOMA and Norco, which is a dangerous combination in a 78 year-old patient. Therefore, the request is not medically necessary or appropriate.

Carisprodol (Soma) 350 mg #180: Upheld

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

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

Decision rationale: CA MTUS Guidelines states that Soma, a centrally acting skeletal muscle relaxant is not recommended. The primary metabolite of Soma is Meprobamate, a Schedule IV substance. Soma has a high abuse potential and is frequently seen in drug overdoses. It is not recommended in combination with opioids, especially in the elderly (as in this case), due to adverse events. Soma has previously been denied and there is no rationale presented for its continued use. Therefore, the request is not medically necessary or appropriate.

Norco 7.5/325 mg #360: Upheld

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

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

Decision rationale: CA MTUS Guidelines recommends opioids for the short-term treatment of pain in patients who have not responded to first-line agents (antidepressants, anticonvulsants). In this case, the patient's injury was 28 years ago and she is being prescribed Tramadol and Soma in conjunction with the requested Norco. MTUS Guidelines require monitoring of the 4 A's (analgesia, ADLs, appropriate medication use and adverse events). In this case, there is no evidence of a urine drug screen, opioid contract or discussion of adverse events. The combination of Tramadol, Soma and Norco in an elderly patient (78 years) is highly inadvisable

due to the potential for adverse events. Therefore, the request is not medically necessary or appropriate.