

Case Number:	CM15-0200339		
Date Assigned:	10/15/2015	Date of Injury:	03/04/2011
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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 39 year old female, who sustained an industrial injury on 03-04-2011. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for post cervical laminectomy syndrome, cervical radiculopathy, and muscle spasm. Treatment and diagnostics to date has included cervical epidural steroid injection, cervical spine surgery, and medications. Recent medications have included Soma (since at least 05-13-2015), Tramadol (since at least 05-13-2015), Celebrex (since at least 07-08-2015), Naprosyn, and Wellbutrin. Subjective data (07-08-2015 and 09-24-2015), included pain rated 6-7 out of 10 with medications and 8-9 out of 10 without medications. Objective findings (09-24-2015) included restricted cervical spine and right shoulder range of motion, positive Hawkin's, Neer, shoulder crossover, empty can, and Speed's tests, and positive Tinel's and Phalen's signs. The request for authorization dated 09-24-2015 requested Tramadol Hcl 50mg tablet, take 1-2 daily as needed for pain, #60, Soma 350mg tablet, take 1 daily as needed for muscle spasm, #30, and Celebrex 200mg capsule, 1 by mouth every day, #30. The Utilization Review with a decision date of 09-30-2015 non-certified the request for Tramadol 50mg #60, Soma 350mg #30, and Celebrex 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic 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, 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 pain scores increased over time while on the medication (reduction was not as substantial as prior months). This indicates increasing tolerance. Long-term use is not indicated. The continued use of Tramadol as above is not medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

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. There was minimal improvement in pain when combined with Tramadol and Celebrex. The use of Soma is not medically necessary.

Celebrex 200mg #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. Pain score reductions were not as profound as prior months use. The Celebrex is not medically necessary.