

Case Number:	CM15-0035144		
Date Assigned:	03/03/2015	Date of Injury:	01/23/2008
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/24/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 (IW) is a 41 year old male who sustained an industrial injury on 01/23/2008. He has reported chronic low back pain. Diagnoses include thoracic or lumbosacral neuritis or radiculitis, unspecified, degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, lumbar sprain and strain, sciatica, sprains and strains of other and unspecified parts of back(lower back). Treatment to date includes medications. A progress note from the treating provider dated 01/08/2015 indicates there is tenderness to palpation about the midline of the lower lumbar spine. Range of motion is limited in the thoracolumbar spine is limited by back pain. The worker was able to heel and toe walk across the examining room without difficulty with no evidence of antalgic gait. Straight leg raising test was negative. The femoral stretch test was negative. Motor and sensory exams were normal in the lower extremities. The IW was stable in his low back condition. The plan of care was to provide him refills on Tylenol #3, Ultram, and Soma. On 02/11/2015 Utilization Review non-certified a request for Soma 350 mg times 40 with 2 refills. The MTUS Guidelines were cited. On 02/11/2015 Utilization Review non-certified a request for Tylenol #3 times 60 with 2 refills. The MTUS Guidelines were cited. On 02/11/2015 Utilization Review non-certified a request for Ultram 50 mg times 100 with 2 refills. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 times 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tylenol with Codeine.

Decision rationale: MTUS and ODG state regarding codeine, "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain." ODG further states regarding opioid usage, "Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED)." The medical records do not indicate what first-line treatment was tried and failed. Additionally, medical records do not detail how the patient's pain and functional level with Tylenol with Codeine has improved. As such, the request for Tylenol #3 times 60 with 2 refills is not medically necessary.

Ultram 50 mg times 100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram[®] 1/2).

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The prior utilization reviews recommended weaning and modified the request, which is appropriate. As such, the request for Ultram 50mg times 100 with 2 refills is not medically necessary.

Soma 350 mg times 40 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Soma, (Carisoprodol).

Decision rationale: MTUS states regarding Carisoprodol, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." Guidelines do not recommend long term usage of Soma. Treating physician does not detail circumstances that would warrant extended usage. As such, the request for Soma 350mg times 40 with 2 refills is not medically necessary.