

<b>Case Number:</b>	CM15-0043189		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	09/17/2007
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 35-year-old male who sustained a work related injury September 17, 2007. While carrying pipes over his shoulder and up a ladder, the pipes tilted striking his left collarbone and pushing him backward, falling approximately 20 feet, landing on his back and hitting an I-beam. He had a complex laceration in the thoracolumbar region that was stapled. CT scan revealed a T11 vertebral body fracture with mild retropulsion. According to an orthopedic primary treating physician's evaluation report, dated January 29, 2015, the injured worker presented with continued pain rated 9/10 of the lumbar spine. He has a positive sitting and supine straight leg raise test and walks with a non-antalgic gait without the use of any assisting devices. Diagnoses included left L4-L5 paracentral disc protrusion with superior migration and right L5-S1 paracentral disc protrusion with severe left L4-L5 and right L5-S1 lateral recess stenosis, per MRI of 10/13/2014; degenerative lumbar neuroforaminal stenosis; other procedural status left L4-L5 laminectomy and discectomy July, 2011; other procedural status right L5-S1 laminectomy and discectomy 2008. Treatment plan included injured worker signed an opioid agreement, Tramadol with refills, and request for evaluation with neurosurgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), When to Continue Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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®).

**Decision rationale:** Tramadol 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. MTUS additionally states that, "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Tramadol 50mg #90 with 2 refills is not medically necessary.

**Soma 350mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Arkansas Medicaid Pharmacy Program. Tapering schedule developed by the department of Veterans Affairs Medical Center, Portland, Oregon. Oregon DUR Board Newsletter. 20002; 4:1 28 Dec 2005.

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

**Decision rationale:** MTUS states regarding Crisoprodol, "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." Medical records indicate that the employee has been on soma since 2008, far exceeding guidelines recommendations. The treating physician does not detail what extenuating circumstances exist to warrant deviation from the restriction to long-term usage. The records also do not document adjunctive therapy. As such, the request for Soma 350mg #60 with 2 refills is not medically necessary.