

<b>Case Number:</b>	CM15-0053792		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 54-year-old female who has reported widespread pain after an injury on 05/11/2010. The diagnoses include cervical strain, discopathy, radiculopathy, lumbar strain, left shoulder strain, bilateral carpal tunnel syndrome, and myofascial pain. Treatment to date has included medications, acupuncture, aquatic therapy, and epidural steroid injections. The primary treating physician reports during 2014-2015 reflect ongoing multifocal pain rated as 5-9/10, use of a cane, and ongoing prescribing of tramadol, Soma, and omeprazole. The omeprazole was "to protect the stomach against other medications". There was no discussion of the medications prescribed by other physicians. There was no discussion of the specific results of using any medication. The work status was modified, with a long list of restrictions limiting all but the lightest of activities. The pain management reports during 2014-2015 show prescribing of naproxen, cyclobenzaprine, and Norco. There is no mention of the prescriptions from the primary treating physician. Per the primary treating physician report of 2/23/15, there was ongoing multifocal pain. Tramadol, Soma, and omeprazole were prescribed. No new information was provided regarding the medications. The work status was unchanged. On 3/9/15 Utilization Review non-certified tramadol, Soma, and omeprazole. The requests evaluated in Utilization Review did not contain a quantity. The Utilization Review physician noted that the QME recommended against any medications other than an NSAID. The prescribed medications did not meet the MTUS recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials; Tramadol Page(s): 71-81, 80, 81, 60, 94, 113.

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for opioids, per the MTUS, should be for the shortest term possible. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Opioids are not medically necessary when prescribed in this manner, as all opioids should be prescribed in a time-limited fashion with periodic monitoring of results, as is recommended in the MTUS. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The treating physician reports do not discuss the results of using tramadol. Pain is as high as 9/10 while tramadol was prescribed. None of the reports discusses the specific functional benefits of using tramadol. No reports discuss whether the injured worker is working. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. The records show that this patient is receiving opioids and habituating medications from more than one physician. The MTUS recommends that patients receive their medication from one physician and one pharmacy. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Soma 350mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants; Carisoprodol (Soma) Page(s): 63, 29.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants or any other medication. A second physician is also prescribing a muscle relaxant, which is duplicative and possibly toxic. Per the MTUS, Carisoprodol is categorically not recommended for chronic pain. Note its habituating and abuse potential. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for muscle relaxants, per the MTUS, should be for short-term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** There are no medical reports, which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Co therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. The primary treating physician has not prescribed NSAIDs or other medications likely to adversely affect the acid milieu of the upper gastrointestinal tract. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesaemia in patients on proton pump inhibitors. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for PPIs, per the guidelines, should be for short-term use unless absolutely necessary. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated absent very specific indications (none of which are present in this case). This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.