

Case Number:	CM15-0084126		
Date Assigned:	05/06/2015	Date of Injury:	08/11/2003
Decision Date:	06/16/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 65-year-old male, who sustained an industrial injury on 8/11/2003. The current diagnoses are lumbar degenerative disc disease, lumbar stenosis L4-5, left hip trochanteric bursitis, and new onset of right leg motor weakness with MRI findings of new 5-millimeter disc protrusion at L4-5 and L5-S1 with moderate to severe central stenosis at L4-5 and moderate left foraminal stenosis at L5-S1. According to the progress report dated 3/3/2015, the injured worker complains of constant low back pain with occasional radiation down his bilateral legs to the level of the calves. He reports an "electric" sensation that goes down his legs about twice a week. The pain is rated 5-6/10 on a subjective pain scale. Standing or walking more than 10 minutes increases the pain to 7/10. Additionally, he reports occasional left hip pain (0-1/10) and left knee pain (4-5/10). He reports little swelling in the knee. The current medications are Soma and over-the-counter Aleve or Ibuprofen. He notes he has not had any medications for quite some time, as this is being denied. Treatment to date has included medication management, x-rays, MRI studies, multiple rounds of physical therapy (temporary benefit), and chiropractic (no benefit). Per notes, he would like to defer any surgical options as well as any injections at this time, as he feels he can manage his symptoms with the medications as long as he can obtain them on a regular basis. The plan of care includes prescriptions for Carisoprodol and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #50: 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 Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with muscle spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation that the patient has a benefit from the use of Carisoprodol. There is no evidence of benefit of long-term use of Carisoprodol. Therefore, the request for Carisoprodol 350 mg #50 is not medically necessary.

Tramadol 50mg #50: 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 Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Tramadol 50mg Qty: 50 is not medically necessary.