

Case Number:	CM14-0161935		
Date Assigned:	10/07/2014	Date of Injury:	05/29/2011
Decision Date:	11/13/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 66 year-old female with date of injury 05/29/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/19/2014, lists subjective complaints as knee and back pain. Objective findings: No physical examination was documented. Diagnosis: 1. Lumbar spondylosis without myelopathy 2. Chondromalacia patellae, bilateral 3. Sprain/strain of sacroiliac joint. Patient underwent an MRI of the low back on 12/20/2011 which was notable for a 3mm broad-based central disc herniation and moderate posterior facet arthropathy at L3-4 with subsequent mild to moderate spinal stenosis and narrowing of the lateral recesses. First reviewer modified the original medication request to a) Tramadol 50mg, #150 b) Soma 350mg, #45. The medical records supplied for review document that the patient has taken the following medication for at least as far back as six months. (Except Terocin Patch: first prescribed 09/19/2014) Medications: 1. Tramadol 50mg tabs, #180 SIG: 2 tablets TID 2. Soma 350mg, #60 SIG: BID 3. Terocin Patch, #30 SIG: TD QD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. Tramadol 50mg, #30 is not medically necessary.

Soma 350mg bid #60, refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #60, refills 2 is not medically necessary.

Start Terocin patch #30 refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical salicylate Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 9th edition (web), 2011, chronic pain-salicylate topicals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the MTUS, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The patient's physical exam shows no evidence of radiculopathy or neuropathic pain. Start Terocin patch #30 refills 1 is not medically necessary.