

<b>Case Number:</b>	CM14-0082825		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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:

Injured worker is a male with date of injury 7/6/2011. Per primary treating physician's progress report dated 4/8/2014 the injured worker complains of lumbar spine, bilateral knees and bilateral feet pain. He is currently not working. He presents with presistent lower back pain rated at 7/10, frequent and improved after he got his first epidural injeccction. He also has bilateral knee pain, the left is 9/10 and the right is 5/10, and bilateral feet pain rated at 7/10. He takes tramadol that controls his pain from an 8/10 to 5-6/10 as well as Soma, which helps his muscle spasms in the paraspinal muscles. On examination of the lumbar spine there is decreased range of motion with flexion 45 degrees, extension 10 degrees, and right and left lateral flexion were 10 degrees. There was tenderness to the paraspinal muscles bilaterally, right greater than left. Kemp's sign is positive bilaterally. Straight leg rasining test is positive bilaterally at 70 degrees to posterior thigh. There was decreased strength and sensation 4/5 at L4, L5, and S1. Deep tendon reflexes were 2+ bilaterally at patellar and Achilles tendons. Examination of the bilateral knees revealed decreased range of motion. On the right, flexion is 140 degrees and extension 0 degrees. On the left, flexion is 100 degrees and extension 0 degrees with 1+ swelling and tightness of the iliotibial band. There was tendereness to the lateral joint line on the left. There was positive valgus, varus and McMurray's on the left. There was decreased quadriceps strength 4/5 on the left. Diagnoses include 1) thoracolumbar sprain/strain 2) disc herniation at T6 through T8 3) morbid obesity 4) right knee contusion 5) gastritis, etiology unknown-indusdtrial causation deferred 6) compensatory left knee pain 7) left knee strain secondary to gait impairment, worsening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Soma 350mg #60, date of service 04/08/14: 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 Carisoprodol (Soma) section, Weaning of Medications Section Page(s): 29, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Retrospective Soma 350mg #60, date of service 04/08/14 is determined to not be medically necessary.

**Retrospective Ultram #60 (dosage unspecified), date of service 04/08/14: 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 Opioids Section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The clinical documentation reports that the injured worker has benefit with the use of tramadol, reducing pain from 8/10 to 5-6/10, but functional improvement and improvement in quality of life is not addressed. The dosing is not addressed in the clinical note, or in the request for authorization. Medical necessity is not established within the clinical documents. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Retrospective Ultram #60 (dosage unspecified), date of service 04/08/14 is determined to not be medically necessary.