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| Case Number: | CM14-0218408 | | |
| Date Assigned: | 01/08/2015 | Date of Injury: | 06/17/2013 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This is a 37 year old male who sustained a work-related injury on 6/17/2013. He developed pain in his right knee and right ankle as well as his neck. Past treatments include medications, therapy and a cortisone injection in the right knee. He was taken off work after the accident; he attempted to go back to work several times on light duty but no appropriate light duty work was available. Diagnoses include cervical pain and radiculopathy, right knee sprain and right ankle sprain. Magnetic resonance imaging (MRI) of the cervical spine from 11/22/2013 showed disc herniation at C5-6; multiple level foraminal stenosis was reported. Per the primary treating physician's comprehensive orthopedic evaluation from 5/6/2014, the injured worker was temporarily totally disabled. Cervical spine x-ray was normal. AP views from x-rays of the right knee and right ankle were normal. Per the secondary treating physician pain management initial report from 11/11/2014, the injured worker had ongoing neck pain and stiffness, and ongoing pain in the right knee and right ankle. He had continuous episodes of anxiety, stress and depression due to chronic pain and disability status. Current medications were Vicodin, Carisoprodol, Hydrocodone and over the counter transdermal cream. The duration of the current medications was not noted. Physical exam revealed tenderness to palpation over paravertebral, trapezius, deltoid and rhomboids area with moderate spasm. Treatment plan included epidural steroid injections. According to the PR2 from 11/24/2014, the injured worker complained of neck pain with right upper extremity radiation. He was to remain on temporarily totally disabled work status. On 12/4/2014, Utilization Review (UR) non-certified a request for Carisoprodol tablets, 350mg, QTY 60. UR cited MTUS, noting that guideline criteria were not

met as there was no documentation of a maintained increase in function or decrease in pain or spasm with the use of this medication. UR non-certified a request for Tramadol (Ultram) tablets, 50mg, QTY 120. UR cited MTUS noting that Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tab 350mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with neck pain and right upper extremity radiation. The request is for CARISOPRODOL TABLETS 350 MG #60. The patient has been taking this medication as early as 11/11/2014. The report with the request is not provided. MTUS Guidelines pages 63-66, Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2 to 3-week period. This has been noted for sedative and relaxant effects. MTUS recommends the request of Soma only for short period of time. Soma has been prescribed on the 11/11/2014 progress report; however, it is unknown when the patient began taking this medication or if it is for long-term use. Therefore, the requested carisoprodol IS NOT medically necessary.

Tramadol HCL tab 50mg QTY:120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with neck pain and right upper extremity radiation. The request is for TRAMADOL HCL TABLETS 50 MG #120. None of the reports provided mentioned tramadol nor is the report with the request provided. For chronic opiate use in general, MTUS Guidelines page 88 and 89 states: The patient should be addressed at each visit and functioning should be measured at 6-month intervals using the numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. None of the reports provided give any discussion regarding the patient's change in pain and function with tramadol. None of the 4A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions

provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide a proper documentation that is required by MTUS Guidelines for continued opiate use. The requested tramadol IS NOT medically necessary.