

<b>Case Number:</b>	CM15-0007198		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	02/26/2001
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 52-year-old male with an industrial injury dated 02/26/2001 resulting in back injury. The mechanism of injury is documented as a motor vehicle accident. On presentation 12/09/2014 for follow up, he was complaining of low back and cervical pain. He also complained of loss of sleep due to not having his medications. Physical exam revealed moderate tenderness to palpation and paravertebral muscle spasms with decreased range of motion. Prior treatment included physical therapy, acupuncture, epidural steroid injections, medications, diagnostics, and multiple lumbar and cervical surgeries. Diagnoses included brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, cervical radiculopathy, and sleep disturbance. On 01/03/2015, Utilization Review issued the following decisions: The request for one cervical facet block was non-certified. Official Disability Guidelines were cited. The request for Somnicin # 30 was non-certified. Official Disability Guidelines were cited. The request for Tramadol ER 150 mg # 30 was non-certified. MTUS Guidelines were cited. The request for Soma 350 mg # 120 was modified to a certification of one prescription of Soma 350 mg # 50. MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Cervical Facet Block: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back Pain (Acute and Chronic) Facet joint diagnostic blocks

**Decision rationale:** According to ODG, cervical facet injections are limited to chronic cervical pain that is non-radicular in nature. There should be any history of spinal stenosis or previous fusion. There should be documentation of the failure of conservative measures prior to the procedure for at least 4-6 weeks. No more than 2 levels should be injected at any one time. There should also be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the patient is status post anterior cervical discectomy and fusion. Cervical facet blocks/injections are not recommended in patient's status post cervical fusion. Medical necessity for the requested procedure has not been established. The requested cervical facet blocks are not medically necessary.

### **(1) Prescription of Soma 350mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Muscle relaxants Page(s): 29, 63.

**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. Soma (Carisoprodol) is the muscle relaxant prescribed in this case. This medication is sedating. This injured worker has chronic pain and has been utilizing Soma since at least 2012 with persistent complaints of ongoing muscle spasm. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Per the MTUS, Soma is not indicated. The requested medication is not medically necessary.

### **(1) Prescription of Somnicin #30: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain

**Decision rationale:** According to ODG, melatonin is recommended for insomnia treatment. Melatonin also has an analgesic effect in patients with chronic pain. Somnicin contains melatonin, 5-HTP, L-tryptan, Vitamin B6 and magnesium. The documentation indicates that this patient has a sleep disturbance. Medical necessity for the requested item has been established. The requested medication is medically necessary.

**(1) Prescription of Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Opioids Page(s): 91-97.

**Decision rationale:** According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical documentation, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for the requested item has not been established. The requested treatment with Tramadol is not medically necessary.