

Case Number:	CM15-0019715		
Date Assigned:	02/09/2015	Date of Injury:	06/21/2012
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 54 year old male mortgage consultant sustained an industrial injury on 6/21/12. He subsequently reports neck and upper back pain. Diagnoses include cervical musculoligamentous sprain and strain, thoracic spine vertebral fracture and shoulder sprain/ strain and thoracic musculoligamentous sprain and strain. Treatment to date has included chiropractic therapy, physical therapy and medication (Norco, Vicodin, tramadol and Soma). On 1/9/15, Utilization Review partially-certified the requests for (1) Prescription of Tramadol 50mg, #120 with 3 refills and (1) Prescription of Soma 350mg, #120 with 3 refills. The (1) Prescription of Tramadol 50mg, #120 with 3 refills and (1) Prescription of Soma 350mg, #120 with 3 refills were both modified to 0 refills. This decision was based on MTUS Chronic Pain Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Tramadol 50mg, #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60, 74-96.

Decision rationale: Tramadol is a narcotic pain reliever with mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose or death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The present provider has documented appropriate patient monitoring of this patient but has not documented improvement in pain control nor the use of and/or failure of first-line pain medications, such as antidepressants or antiepileptic drugs. Thus, chronic use of opioids in this instance is not indicated at this time. Medical necessity has not been established.

(1) Prescription of Soma 350mg, #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle Relaxants; Soma (Carisoprodol); Weaning from Medication Page(s): 29, 63-5, 124.

Decision rationale: Carisoprodol is a centrally acting skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, Carisoprodol is not recommended by the MTUS for use to treat pain as it is metabolized to meprobamate, a barbiturate and a schedule-IV controlled substance. If this medication is used, it is only indicated for short-term use. This patient has been on carisoprodol therapy for over 4 weeks. There is no provider note showing muscle spasms, no provider note showing a positive effect from use of SOMA and, based on present evidence-based medicine, there is no indication to continue use of this medication in this patient. Since a withdrawal syndrome has been associated with use of this medication weaning is recommended. Medical necessity for use of this medication has not been established.