

Case Number:	CM15-0170082		
Date Assigned:	09/10/2015	Date of Injury:	06/29/2015
Decision Date:	10/08/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 59 year old male with a date of injury on 6-29-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain, right shoulder sprain, lumbar sprain and right knee sprain. Medical records (7-7-2015 to 8-14-2015) indicate complaints of lumbar pain with radiation to the right lower extremity. The injured worker complained of thoracic pain, bilateral knee pain, bilateral shoulder pain, bilateral upper arm pain, bilateral wrist and hand pain and bilateral hip pain. He rated his pain at eight to nine out of ten. Per the treating physician (7-7-2015), the employee was to return to modified work on 8-11-2015. The physical exam (7-7-2015 to 8-14-2015) reveals a slightly antalgic gait. There was tenderness in the cervical paravertebrals, trapezius and rhomboids in the interscapular area. Cervical range of motion was restricted. Neer's and Hawkin's tests were positive on the right side. Tenderness was noted throughout the thoracolumbar paravertebrals. There was medial joint line tenderness mostly on the right knee. Treatment has included physical therapy, heat, ice and medications (Kenalog topical lotion and Motrin). On 8-4-2015, the injured worker was given prescriptions for Norco, Tramadol and Soma. The original Utilization Review (UR) (8-26-2015) non-certified requests for Norco, Tramadol and Soma. However, weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, pain treatment agreement.

Decision rationale: Review indicates the patient was prescribed Norco since July per report of 7/7/15 and Tramadol, another short-acting synthetic opioid along with Soma were additionally prescribed in August 2015. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute progression of pain and clinical findings. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have some benefit, returning to modified work; however, functional benefit is required prior to further consideration or weaning process needs to be considered. To assist with the tapering of Norco for this 6/29/15 injury, at this time, the Norco 5/325mg #30 is medically necessary and appropriate.

Tramadol 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, dosing.

Decision rationale: Review indicates the patient was prescribed Norco since July per report of 7/7/15 and Tramadol, another short-acting synthetic opioid along with Soma were additionally prescribed in August 2015. It is unclear why the patient is prescribed two concurrent short-acting opiate without documented extenuating circumstances beyond guidelines criteria. Submitted documents show the patient with continued chronic symptoms, but are able to be functional and work. Per the MTUS Guidelines cited, opioid use in the setting of non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Additionally, MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance

of function that would otherwise deteriorate if not supported; however, the patient has persistent significant pain despite ongoing opioids without deterioration from denied treatment request. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. From the submitted reports, there are no red-flag conditions, new injury, or indication that an attempt to taper or wean from the use of the opiate has been trialed for this injury. The Tramadol 100mg #60 is not medically necessary and appropriate.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350mg #30 is not medically necessary and appropriate.