

Case Number:	CM15-0061530		
Date Assigned:	04/07/2015	Date of Injury:	05/23/2007
Decision Date:	05/27/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 59 year old female who sustained an industrial injury on 3/19/15, involving cumulative trauma injury to her thumbs. She currently complains of pain in her right thumb greater than left with pain over the thenar eminence. Medications are Lidoderm patch, Soma, Tramadol and Voltaren Gel. Diagnoses include carpal tunnel syndrome, bilateral carpal tunnel release times two; marked functional overlay; carpometacarpal joint arthritis. Treatments to date include physical therapy and multiple cortisone injections into the right carpal tunnel. Diagnostics include x-rays revealing stage IV basal joint arthropathy. In the progress note (PR-2) dated 3/3/15, the treating provider's plan of care includes requests for Soma and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63 and 65.

Decision rationale: The CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. In this instance, the injured worker has been prescribed Carisoprodol it seems for back pain since at least November 2014. The treatment notes submitted for review do not mention a physical exam with regard to the injured worker's low back and there is no mention of previous studies, etc. Based upon the duration of use and the lack of medical documentation provided, Carisoprodol 350mg #30 with 1 refill is not medically necessary.

Tramadol HCL 50mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is pain relief and improved functionality and/or the injured worker has regained employment. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol may increase the risk of seizure, especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that are at risk for suicide or addiction. Warning: Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Analgesic dose: Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). In this instance, it appears that Tramadol has been in continuous use for at least several months. The submitted documentation contains no reference to the injured worker's level of pain with and without medication, makes no mention of improved functionality as a result of Tramadol use, and appears to contain no monitoring for aberrant drug taking behavior i.e. urine drug screening or pharmacy database inquiry. Therefore, Tramadol 50mg #30 with 1 refill is not medically necessary.

