

Case Number:	CM13-0007725		
Date Assigned:	10/11/2013	Date of Injury:	07/29/2005
Decision Date:	01/22/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 71 year old female with an injury from 7/29/05. She suffers from chronic low back and leg pain with diagnoses of lumbar disc displacement, pain in limb, depressive disorder, psychogenic pain and mononeuritis leg. The Tramadol was denied due to lack of certain documentation including pain relief, functional status, appropriate medication use and side effects. Celebrex was denied due to lack of documentation of high-risk of gastrointestinal issues with nonsteroidal anti-inflammatory drugs (NSAIDs). A home health aide was denied due to lack of documentation that the patient is homebound. A 6/24/13 report states that the patient is using Vicodin for severe flares of pain, and Celebrex as an anti-inflammatory. Tramadol was recommended for trial. She has difficulty with ambulation, is a significant fall risk, her gait was markedly abnormal, she is not independent with her activities of daily living (ADLs), needs help at home with bathing and self care. A home safety evaluation was requested. A 9/19/13 report by [REDACTED] shows that the patient has pain in her right low back and hip with radiation. She is able to dress herself, but does not feel safe in the shower, and she is not able to cook for herself. She has gastrointestinal pain with ibuprofen, takes 4 vicodin per day, and tramadol twice per day. Her pain decreases to 6-7/10 from 9/10 with medications, and she states that she can "live her life." Without medications, her function declines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89.

Decision rationale: The provider adequately documents functional and pain improvement with use of Tramadol. This medication was trialed and by the following month, the patient was doing better and staying active. Tramadol is a synthetic opiate supported by the Chronic Pain Medical Treatment Guidelines for moderately severe pain. This patient suffers from chronic low back and hip pain. Trial of this medication is consistent with the guidelines. Therefore, Tramadol is medically necessary and appropriate.

Celebrex: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient suffers from chronic low back and hip pain at moderately severe intensity. The Chronic Pain Medical Treatment Guidelines support the use of NSAIDs for chronic low back pain. The patient does not tolerate Ibuprofen and she is 71 years of age. The guidelines allow for Cox-2 selective agents for patients at intermediate risk for gastrointestinal events with no cardiovascular disease. Age greater than 65 is considered a risk factor. Therefore, Celebrex is medically necessary and appropriate.

Hydrocodone: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term use of opioids Page(s): 88-89.

Decision rationale: The patient suffers from moderately severe pain of the lumbar spine. The provider documents the patient's numerical pain scale before and after, as required by the Chronic Pain Medical Treatment Guidelines. The provider also documents the patient's functional gains with the use of opiates. The patient has an improved quality of life with this drug. Therefore, Hydrocodone is medically necessary and appropriate.

Home health safety evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The patient is not able to care for herself and the need for a home safety evaluation appears to.

Decision rationale: