

Case Number:	CM13-0013395		
Date Assigned:	12/18/2013	Date of Injury:	09/08/2006
Decision Date:	03/12/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/19/2013

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 Internal Medicine, 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:

The patient is a 56-year-old male who was injured September 8, 2006. The patient's treatment consisted of therapeutic exercise, heat, electrical stimulation and mobilization grade 1. The patient's clinical notes dated July 9, 2013 report increased tolerance and ability to complete his home exercise program, and the exercise activity in the clinic. The patient reports overall decreased pain at the left sacroposterior position. He tolerates 1.5 hours of walking/standing and other light to moderate activity. Objective findings improve hypertonicity and tenderness at lumbar spine musculature. The patient continues to demonstrate excellent exercise technique without complaints of pain. He planks 10 seconds, SBE 12 seconds, and 15 repetitions of squats. The clinical notes indicate a diagnosis of lumbar degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95,.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continuation of opioids requires frequent random urine toxicology screens, and frequent evaluation of the clinical history, including questions about craving for any formerly abused drugs. Frequent review of medication and frequent communication with pharmacists should be ensured. Goals of treatment should be established that can be realistically achieved; these goals should be carefully documented. There should be documented evidence of an increase in activities of daily living with no aberrant behavior related to the opioid medications. Based on the documentation provided for review, these guidelines were not met. The request is not certified.

60 Naproxen Sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short term symptomatic relief. There is no indication in the documents provided how long the patient has been taking Naproxen; therefore this request cannot be certified.

follow-up visit in six weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary requests for medication are not medically necessary, none of the associated services are medically necessary