

Case Number:	CM13-0020733		
Date Assigned:	10/11/2013	Date of Injury:	07/05/2007
Decision Date:	01/08/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/04/2013

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 & Rehabilitation, 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 patient is a 52 year old male with injury from 7/5/07 who suffers from chronic low back pain. The patient's low back pain is at 7/10 and radiates down the leg. The patient is taking occasional medication. The patient was to stop Vicodin, and instead take tramadol. The request was for functional capacity evaluation as well as a range of motion examination to evaluate the patient's current clinical orthopedic status. The patient was to be on temporary total disability to prevent any flare-up's or exacerbations. The patient has had inguinal hernia repair. There is a report from 10/10/12 by [REDACTED], patient's pain is at 7/10, and 8/10 for bilateral inuinal hernia. The patient has had two ESI's in the past, and the recommendation was for general surgeon consult to address inguinal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #90: Overturned

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

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

Decision rationale: Although the record does not provide a very good documentation as to how Relafen is helping this patient, MTUS supports the use of NSAIDs for chronic low back pain as quoted above. Final Determination Letter for IMR Case Number CM13-0020733 3 Under chronic low back section, it is recommended as an option for short-term relief of pain. The request for Relafen 750mg is medically necessary and appropriate.

Tramadol 150mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use, Page(s): 76.

Decision rationale: The treater's note indicates that the patient was to stop Vicodin and use Tramadol. Given that this is a trial, authorization is recommended. For on-going long-term use of Tramadol, the treater would have to provide documentation of efficacy in terms of pain reduction, functional improvement and quality of life enhancement as required by MTUS. The current trial is within the MTUS guidelines. The request for Tramadol 150mg #30 is medically necessary and appropriate.

Omeprazole: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 69.

Decision rationale: The treater does not provide any GI risk stratification for this patient who is on NSAIDs. MTUS requires risk assessment and appropriate use of PPI to counter potential side effects from chronic NSAID use. This patient is not older than 65, there is no concurrent use with ASA, there is no documentation of any cardiac disease, and the patient is not on corticosteroids or anticoagulation therapy. There is no documentation of active or prior peptic ulcer disease either. The request for omeprazole is not medically necessary and appropriate.

A functional capacity evaluation and range of motion examination: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-139.

Decision rationale: ACOEM guidelines do not support routine functional capacity evaluations. Functional capacity evaluations can be requested by the claims administrator or the employer. It can be requested by the treating physician but the treater must feel that the information is crucial.

In this patient, the treater does not explain why a functional capacity evaluation is crucially necessary. Examiner's evaluation and estimation are just as valid in determining a patient's limitations and ability to return to work. The treater has also requested ROM testing. However, this is something that is Final Determination Letter for IMR Case Number CM13-0020733 4 done as part of physician evaluation/examination. The request for a functional capacity evaluation and range of motion examination is not medically necessary and appropriate.