MAXIMUS Federal Services

Case Number:	CM13-0022414		
Date Assigned:	03/12/2014	Date of Injury:	09/06/2012
Decision Date:	04/22/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert reviewer is Board Certified in Phy?sical Medicine and 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 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/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 45 year old male with date of injury of 09/05/2012. The listed diagnoses per [redacted] dated 07/22/2013 are: 1. Herniated nucleus pulposus of the lumbar spine with stenosis 2. Lumbar radiculopathy According to progress report 07/22/2013 by [redacted], the patient presents with ongoing low back pain and left lower extremity complains. He reports radiation of pain, numbness and weakness down his left leg into his foot. He rates his pain 6/10 on the pain scale. He does report slight improvement since his last visit and he has completed one visit of chiropractic treatment. He currently takes tramadol, Zanaflex, naproxen, Prilosec, and Terocin cream. He states that these medications do help decrease his pain and allow him to function. He denies any side effects with the medications. Objective findings show tenderness upon palpation over the lumbar paraspinals with left paraspinal spasm noted. Lumbar range of motion is decreased in all plans. There is also a decreased sensation to left L5 and S1 dermatomes. Straight leg raise on the left at 40degrees produces pain into the calf. Positive slump test and Laseque's on the left. The treating physician is requesting a refill for Naproxen and Tramadol. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NAPROXEN SODIUM 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATION FOR CHRONIC PAIN Page(s): 60-61.

Decision rationale: This patient presents with low back pain and left lower extremity pain. The treating physician is requesting a refill for Naproxen. Review of reports from 09/06/2012 to 07/22/2013 shows that the patient has been taking Naproxen since 09/06/2012. California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 60 and 61 require evaluation of the effect of pain relief in relationship to improvements in function and increased activity when using medications for chronic pain. California Medical Treatment Utilization Schedule (MTUS) page 22 does allow for the use of Non-steroidal anti-inflammatory drugs (NSAIDs) for chronic low back pain, although in other places, it is recommended for short-term use only. Progress report dated 06/21/2013 by [redacted], documents that the patient rates his pain at 6/10 on the pain scale. The patient's current medications include tramadol ER once a day, Zanafelex twice a day, naproxen twice a day, Prilosec once a day and Terocin cream. The treating physician states that these medications do help decrease his pain and allow him to function without side effects. However, he does not go into any specifics such as what each medication is doing for this patient. California Medical Treatment Utilization Schedule (MTUS) page 60 require documentation of pain and functional assessment for medication used for chronic pain. In this case, although the treating physician states that the patient is doing better, no specifics are provided regarding pain reduction and functional improvement as directly related to the use of Naproxen. Given the lack of adequate documentation, recommendation is for denial

ONE PRESCRIPTION OF TRAMADOL ER 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 80.

Decision rationale: This patient presents with low back pain and left lower extremity pain. The treating physician is requesting a refill for Tramadol a narcotic-like pain reliever. California Medical Treatment Utilization Schedule (MTUS) guidelines p80 states that Tramadol for chronic back pain: "Appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." California Medical Treatment Utilization Schedule (MTUS) page 93, 94 states that Tramadol is indicated for "moderate to severe pain." It is not recommended for longer than 3 months use for osteoarthritis (p84). For chronic opiates use, California Medical Treatment Utilization Schedule (MTUS) requires documentation of the four A's (analgesia, ADL's, adverse effects, adverse behavior), as well as numeric scale to document pain level and function. In this case such information is lacking. There are only generic statements without the specifics

regarding pain scale, ADL's, return to work as required by California Medical Treatment Utilization Schedule (MTUS). Outcome measured discussed in California Medical Treatment Utilization Schedule (MTUS) guidelines are also not provided. Recommendation is for denial.