

Case Number:	CM13-0032860		
Date Assigned:	12/06/2013	Date of Injury:	10/11/2012
Decision Date:	12/16/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/08/2013

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 Family Practice and is licensed to practice in Texas. 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 62-year-old female who reported an injury on 10/11/2012 after she fell off a stool, which caused injury to her face, left knee, left hand, neck, and low back. She has received conservative care to include medications, activity modifications, orthopedic consultations, and physical therapy. The patient underwent an MRI that revealed a left foraminal disc protrusion at the L4-5, moderate left L4 neural foraminal stenosis, and left lateral recess stenosis impinging the left L5 nerve root. She underwent an epidural steroid injection on 08/01/2013. The patient's chronic pain was treated with Tramadol and Etodolac. The patient's most recent clinical evaluation included tenderness to palpation over the lumbar paraspinal musculature with decreased range of motion of the bilateral lower extremities and lumbar spine secondary to pain. The patient had a positive bilateral straight leg raising test with 4/5 strength in the left quadriceps and decreased sensation in the L4 and L5 dermatomes. Her diagnoses included left L4 radiculopathy and left L5 radiculopathy. The patient's treatment plan included continuation of medication, continued activity modifications, and a transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol 37.5/325mg #160, 0 refills (dispensed on 8/23/13):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82 and 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain and Tramadol (Ultram) Page(s): 60 and 113.

Decision rationale: The California Medical Treatment and Utilization Schedule recommends the use of medications for the management of a patient's chronic pain be supported by documentation of increased functional benefit and symptom response. The clinical documentation submitted for review did not provide any evidence that the patient has any functional benefit or a decrease in pain as a result of the prescribed medications. The clinical documentation submitted for review did provide evidence that the patient has been on this medication for an extended duration. Therefore, the request is not medically necessary.

Retrospective request for Diclofenac 100mg #30, 0 refills (dispensed 8/23/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60 and.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The California Medical Treatment and Utilization Schedule recommends that the use of medications in the management of chronic pain be supported by documentation of increased functional benefit and a significant reduction in symptoms. The clinical documentation submitted for review does not provide any evidence that the patient has had any functional benefit or significant symptom response related to this medication. Therefore, continued use would not be supported. Therefore, the request is not medically necessary.