

Case Number:	CM13-0033849		
Date Assigned:	12/06/2013	Date of Injury:	07/28/2004
Decision Date:	01/16/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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:

A 34 year old male with injury from 7/28/04. Diagnosis is Lumbar spondylosis with myofascial pain per report 8/27/13. There are three progress reports by [REDACTED], the primary treater. 2/26/13 report states back pain at 7/10, constant in nature, with some improvement with the adjunct of his medication. Patient was given Tramadol #60, Voltaren, Norflex and Prilosec. No other discussions noted regarding efficacy of meds. 5/28/13 report has patient continuing to complain of neck and low back pain, finds symptoms tolerable with medication. Patient's condition was stable and medications were continued. 8/27/13 report states, "He does note some functional improvement and pain relief with the adjunct of the medication." Utilization review letter is from 9/25/13 denied the medications due to lack of proper documentation as required by the guidelines. There is an AME report from 10/31/13 states that the patient has pain in the upper back area at 5/10, also shooting mid and low back pain, He recommended conservative care including over the counter meds, and for exacerbations, prescription medication, therapy and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #56: Upheld

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 Physician Reviewer's decision rationale: This patient suffers from chronic neck and low back pain and the treater has been providing Tramadol for pain relief. However, review of the three reports from 2/26/13 to 8/27/13 spanning 6 months do not provide a single documentation of before and after pain scales, specific functional changes related to the use of medication. The treater mentions some pain reduction and some functional improvement but does not provide a numerical scale or validated measures of function as required by MTUS. MTUS under outcome measures also require current pain; average pain; least pain; time it takes for medication to take effect, etc. None of these informations are provided by the treater. Reading the reports, one cannot tell that the medication is doing much for this patient. Recommendation is for denial.

Voltaren 75mg, #60: Overturned

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

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

Decision rationale: The Physician Reviewer's decision rationale: Voltaren was denied by utilization review as it was the understanding that MTUS does not support long-term use of NSAIDs. However, page 22 of MTUS does recommend use of NSAIDs and anti-depressants for chronic LBP. This patient does suffer from chronic low back pain. Although the treater does not provide much documentation as to the patient's reduction and functional improvement, MTUS does support NSAIDs for chronic LBP. Recommendation is for authorization.

Prilosec 20mg, #30: 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 & Cardiovascular risk Page(s): 69.

Decision rationale: The Physician Reviewer's decision rationale: Despite review of progress reports from 2/26/13 to 8/27/13, I do not find a single documentation of any gastric issues, history of peptic ulcer disease, concurrent use of ASA or anticoagulation, assessment of cardiac risk, etc. MTUS requires risk stratification when PPI prophylactic treatment is to be used. In this patient no such information is provided. Recommendation is for denial.

Norflex 100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The Physician Reviewer's decision rationale: MTUS does not recommend sedating muscle relaxants for a long-term use. Norflex is a muscle relaxant that contains Orphanedrine, a sedating muscle relaxant. MTUS does not recommend use of these muscle relaxants and if used, only for a short-term. In this patient, review of the reports indicates that the patient has been on this medication at least since 2/26/13. Recommendation is for denial