

Case Number:	CM13-0056042		
Date Assigned:	12/30/2013	Date of Injury:	08/02/2011
Decision Date:	04/02/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/21/2013

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 and is licensed to practice in Illinois. 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 31-year-old male who reported injury on 08/02/2011. The mechanism of injury was noted to be a forklift rolled forward and pinned the patient's right mid lower leg and ankle between a steel bin of almonds and a scale for approximately 3 minutes. The patient's medications were noted to be diclofenac sodium 100 mg once a day, naproxen 550 mg, and tramadol 50 mg, as well as tramadol ER 150 mg. A request was made for medication refills. The history of the present illness indicated that when the patient was seen on 09/05/2013, the patient's medications were changed adding zolpidem for insomnia from pain and divalproex and it was indicated that the physician strengthened the tramadol by adding a daily dose of the long acting medication which was tramadol ER 150 mg. The physician indicated that the medication helped partially. The patient's pain severity was 7/10 to 8/10 in the right foot. The patient's diagnoses were noted to include ankle pain, foot pain, low back pain, numbness, chronic pain, facet syndrome, and lumbar strain/sprain. The treatment plan was noted to include continued diclofenac tablets extended release 100 mg once a day, divalproex 500 mg tablets half to 1 by mouth 1 to 2 times daily for nerve pain #60, naproxen 550 mg 1 tablet by mouth every 12 hours as needed for inflammation and pain #60, tramadol 50 mg 1 to 2 tablets by mouth every 8 hours as needed for breakthrough pain #90, tramadol ER 150 mg tablets 1 tablet by mouth up to 2 times daily for pain control as needed #30, zolpidem 5 mg 1 tablet per evening as needed for insomnia from pain, and start Senokot S due to constipation from the pain medications #100 one to 2 tablets orally every 12 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. There should be documentation of objective functional improvement and a decrease in the objective VAS score from the medication use. The patient was noted to be taking the medication since 12/12/2012. The clinical documentation submitted for review failed to indicate the patient had objective functional improvement with the medication. Given the above, the request for naproxen 550 mg #60 is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend opioids for chronic pain and there should be documentation of an objective increase in function, objective decrease in the VAS score, evidence the patient is being monitored for aberrant drug behavior and side effects. The patient had been taking the medication since 09/27/2012. The clinical documentation submitted for review indicated the patient had the side effect of constipation. However, there was a lack of documentation indicating an objective increase in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior. Given the above, the request for tramadol 50 mg #90 is not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend opioids for chronic pain and there should be documentation of an objective increase in function, objective decrease in the VAS score, evidence the patient is being monitored for

aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had the side effect of constipation. However, there was a lack of documentation indicating an objective increase in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior. The medication was added one month prior to the visit submitted for review. Given the above, the request for tramadol ER 150 mg #30 is not medically necessary.