

Case Number:	CM13-0065279		
Date Assigned:	01/03/2014	Date of Injury:	05/04/2012
Decision Date:	08/07/2014	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 injured worker is a 65 year old male who sustained an injury on 05/04/12 while lifting a tree trunk weighing approximately 60-70 lbs. when he developed pain in the low back. To date, the injured worker has had multiple treatments to include massage therapy, trigger point injections, physical therapy, and the use of a home exercise program. Medications have included anti-inflammatories, muscle relaxers, and Tramadol for pain. The clinical report from 10/23/13 noted continuing complaints of pain in the low back, 8/10 on the visual analog scale. No improvements beyond this pain score were made with medications. The injured worker's physical examination findings noted limited range of motion in the lumbar spine. The injured worker did have difficulty with heel and toe walking; however, he did not have an antalgic gait. The injured worker was recommended to continue with medications to include Naproxen and Tramadol at this evaluation. The requested naproxen 550mg, quantity 60 with 2 refills and tramadol 50mg, quantity 90 with 2 refills were both denied by utilization review on 11/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The chronic use of prescription non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the request is not medically necessary per MTUS guidelines.

TRAMADOL 50MG #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker has been utilizing tramadol for an extended period of time to address chronic low back complaints. Tramadol can be considered an option in the treatment of moderate to severe musculoskeletal complaints. However, guidelines do recommend that there be ongoing assessments establishing the efficacy of tramadol in terms of functional improvement and pain relief. Per the clinical notes provided for review, there was no indication the injured worker was obtaining any substantial pain relief with the use of tramadol. The injured worker indicated his pain scores never fell below 8/10 on the visual analog scale. There was no documentation regarding specific functional improvement with the use of tramadol. In regards to the request for tramadol 50mg, quantity 90 with 2 refills, this request is not medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines.