

Case Number:	CM13-0068357		
Date Assigned:	01/03/2014	Date of Injury:	05/20/2012
Decision Date:	04/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 31 year-old with a date of injury of 05/20/12. A progress report associated with the request for services, dated 11/20/13, identified subjective complaints of low back, right shoulder, and bilateral knee pain. Objective findings included tenderness to palpation of the knees. She had normal motor and sensory function. Reflexes were normal. Diagnoses included lumbar strain and patellofemoral syndrome. Treatment has included trigger point injections, home exercises, SSRI antidepressants, and oral analgesics. A Utilization Review determination was rendered on 11/27/13 recommending non-certification of "Anaprox DS 550mg BID #100; Ultram 100mg BID #100".

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 100MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308,,Chronic Pain Treatment Guidelines Opioids and Tramadol Page(s): 74-83, 113. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, section on Opioids

Decision rationale: The MTUS Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." Opioids are not recommended for more than 2 weeks and the MTUS Chronic Pain Guidelines further state that Tramadol is not recommended as a first-line oral analgesic. This patient has been on Tramadol in excess of 16 weeks. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy in view of the recommendations to avoid long-term therapy; likewise, that other first-line oral analgesics have been tried and failed. Therefore, the request for Ultram 100mg #100 is not medically necessary and appropriate.

ANAPROX DS 550MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: According to the MTUS Chronic Pain Guidelines, NSAIDs are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. The medical records provided for review indicate that the therapy is long-term rather than for a short period. Since NSAIDs are recommended for short-term use only, there must be documented evidence of functional improvement to extend therapy beyond that. In this case, the claimant's pain is worsening and there is no documentation of the functional improvement related to naproxen and therefore the request is not medically necessary and appropriate.