

Case Number:	CM14-0006604		
Date Assigned:	03/03/2014	Date of Injury:	01/09/2002
Decision Date:	06/30/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/17/2014

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 & Rehabilitation 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 injured worker is a 53 year old female who reported injury on 01/09/2002. The mechanism of injury was the injured worker reached over a wheelchair to steady a large student as she attempted to transfer on the toilet. The student got caught on the right wheel and the injured worker had to untangle the patient. The injured worker underwent a right 3 level transforaminal epidural steroid injection on 12/02/2013 and 12/05/2013. The documentation of 10/31/2013 revealed the injured worker had back pain that radiated in the right lower extremity above the knee. The injured worker's medications were noted to be Nuvigil, Lyrica, Tramadol ER, vitamin D, Nexium, Benadryl, Zyrtec, Xanax, Ambien, and levothyroxine. The diagnoses included arthropathy NEC and myofascial syndrome as well as lumbar facet arthropathy. There was no DWC Form, RFA, or PR-2 submitted to support the use of the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TRAMADOL 150 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC BACK PAIN, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Medications for Chronic pain, ongoing management, opio.

Decision rationale: The MTUS Chronic Pain Guidelines recommend opioids as a treatment for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The duration of use was since 06/2013. The clinical documentation submitted for review failed to meet the above criteria. The use of one table would exceed the recommended 120 mg of oral morphine equivalents per day. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.