

Case Number:	CM14-0130488		
Date Assigned:	08/18/2014	Date of Injury:	01/08/2009
Decision Date:	11/19/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/13/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 66-year-old woman who sustained a work-related injury on January 8, 2009. Subsequently, she developed with right and knee pain. According to a progress note dated on May 21st, 2014, the patient was complaining of irritable bowel symptoms and headaches. The patient was diagnosed with the lumbar sacral neuritis, anxiety, insomnia, rotator cuff syndrome and post surgical state. The provider request authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Ultracet 150 mg #30 X2 (date of service 06/06/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single

pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance for previous use of tramadol. There is no documentation of severe pain that require the use of Tramadol. Therefore, the prescription of Tramadol/Ultracet 150 mg #30 X2 (date of service 06/06/2014) is not medically necessary.

Meloxicam/Mobic 7.5 mg #30 X3 (date of service 06/06/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

Decision rationale: According to MTUS guidelines, Mobic (Meloxicam) is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. There is no documentation that the patient is suffering of osteoarthritis pain. Furthermore and according to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, non-selective NSAIDS section, Mobic is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. Although the patient developed a chronic pain that may require Mobic, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Meloxicam. Therefore, the prescription of Meloxicam/Mobic 7.5 mg #30 X3 (date of service 06/06/2014) is not medically necessary.