

Case Number:	CM14-0132945		
Date Assigned:	08/27/2014	Date of Injury:	10/23/2008
Decision Date:	10/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/19/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 51 year old with an injury date on 10/23/08. Patient complains of constant, severe, achy lower lumbar pain rated 8-9/10, radiating to bilateral lower extremities with numbness, and constant cervical pain per 2/27/14 report. Patient also has bilateral shoulder pain per 5/21/14 report. Based on the 2/27/14 progress report provided by [REDACTED] the diagnoses are: L/S s/s, L/S myospasm, R/O L/S disc herniation, C/S s/s, C/S myospasm, T/S myospasm. Exam on 2/27/14 showed "positive tenderness to palpation in C-spine and L-spine. Decreased range of motion of C-spine and L-spine." [REDACTED] is requesting naproxen 550mg #90 and tramadol 50mg #120. The utilization review determination being challenged is dated 7/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/26/14 to 5/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflamma.

Decision rationale: This patient presents with lower back pain radiating to bilateral legs, neck pain, and bilateral shoulder pain. The treater has asked for naproxen 550mg #90 on 2/27/14. The utilization review letter dated 7/21/14 states patient has been taking Naproxen since December 2013. Regarding NSAIDs, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. Regarding medications for chronic pain, MTUS pg. 60 states, "A record of pain and function with the medication should be recorded." In this case, the patient has been using Naproxen since 2/26/14 without documentation of pain relief or functional improvement. Recommendation is for denial.

Tramadol 50mg #120: 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 Tramadol; Opioids, specific drug list; Opioids for neuropathic pain Page(s): 113; 93-94; 82.

Decision rationale: This patient presents with lower back pain radiating to bilateral legs, neck pain, and bilateral shoulder pain. The treater has asked for tramadol 50mg #120 on 2/27/14. Review of reports do not show a history of Tramadol, but the utilization review letter dated 7/21/14 states patient has been taking tramadol since October 2013. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include tramadol, but there are no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, recommendation is for denial.