

Case Number:	CM14-0134011		
Date Assigned:	08/27/2014	Date of Injury:	09/13/2001
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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 Geriatrics, and is licensed to practice in New York. 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 62 year old man with a date of injury of 5/3/99. He was seen by a medical consultant at a spine/rehabilitation center on 7/1/14. He complained of lumbar spine pain that radiated into his hips and to his left leg and foot. His medications included naproxen and insulin. Length of prior therapy with naproxen is not documented. His exam was unremarkable and showed no focal neurologic findings. His diagnoses were lumbar segmental dysfunction, lumbar spine disc herniation and strain/sprain and lumbosacral neuritis/radiculitis. At issue in this review is the request for a functional restoration program (to help strengthen and rehabilitate and avoid deconditioning), tramadol, naproxen and a consult reevaluation in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program, Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 7-10 49.

Decision rationale: Functional Restoration Program emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The clinic note of 7/14 does not document in any detail why this worker would benefit from a functional restoration program or what his current function is at this point in his illness nor explore alternative options for functional improvement. The records do not support the medical necessity of a functional restoration program.

Tramadol ER150mg, Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. The MD visit fails to document any physical exam findings of pain or impairment. There is also no discussion of current medication use and efficacy and why tramadol is being prescribed with regards to pain and functional status. There is also no discussion of potential side. The tramadol is denied as not medically substantiated.

Consultation 1 x per month, Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310, Chronic Pain Treatment Guidelines.

Decision rationale: This worker has chronic pain and had an evaluation by a spine/rehabilitation consultant with recommendations for medications and a functional restoration program which was denied. The records do not specify the need for another consult in this injured worker with chronic back pain.

Naproxen 550mg, Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: This 62 year old injured worker has chronic back pain with no limitations noted on physical examination. NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is

inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or discussion of potential side effects to justify ongoing use. The medical necessity of naproxen is not substantiated in the records.