

Case Number:	CM14-0137324		
Date Assigned:	09/05/2014	Date of Injury:	12/12/2011
Decision Date:	10/02/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiologist, Pain 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:

The injured worker is a 27 year old female who reported an injury on 12/12/2011. The mechanism of injury was not indicated. The injured worker was diagnosed with chronic pain syndrome, low back pain, lumbar strain, lumbar disc pain, lumbar degenerative disc disease, lumbar radiculitis, numbness, and myalgia. The injured worker was treated with medications and physical therapy. The injured worker had an unofficial MRI of the lumbar spine on 10/09/2012. Surgical history was not indicated within the medical records. On the clinical note dated 08/04/2014, the injured worker complained of low back pain increased from physical therapy with difficulty sleeping rated 10/10 without medications and 4/10 with medications. The injured worker had 10 degrees of extension with pain and 35 degrees of rotation with pain. Sensation was diminished to the L5 dermatome, positive straight leg raise was noted on the left, sciatic notches were painful to palpitation, and sacroiliac joints were painful to palpitation. The injured worker was prescribed voltaren XR 100mg daily, tramadol ER 150mg daily, Lidoderm 5% patch daily, anaprox 550mg twice daily, and norco 10/325mg every 6 hours as needed. The treatment plan was for tramadol 150mg and Voltaren XR 100mg. The rationale for the request was for pain and inflammation. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 75. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES 2013, TRAMADOL

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The injured worker complains of low back pain increased from physical therapy with difficulty sleeping rated 10/10 without medications and 4/10 with medications. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the medications be no more than 120 mg morphine equivalence per day. Tramadol is a synthetic opioid affecting the central nervous system. The injured worker's medical records lack the documentation of the least reported pain over the period since last assessment, the intensity of the pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The documentation did include a recent urine drug screen dated 05/30/2014 that was consistent with the injured worker's medication regimen. The injured worker has been prescribed tramadol since at least 05/29/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Also, the request does not indicate the frequency of the medication. As such, the request for Tramadol 150mg #60 is not medically necessary.

Voltaren XR 100mg #30: 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 NSAIDs Page(s): 67-68.

Decision rationale: The request for Voltaren XR 100mg #30 is not medically necessary. The injured worker complains of low back pain increased from physical therapy with difficulty sleeping rated 10/10 without medications and 4/10 with medications. The California MTUS guidelines state anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain. The injured worker's medical records lack the documentation of the least reported pain over the period since last assessment the intensity of pain after taking the NSAID, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation that indicates the efficacy of the medication. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is no evidence of significant pain relief. Additionally, the request does not indicate the frequency of the medication. As such, the request for Voltaren XR 100mg #30 is not medically necessary.

