

Case Number:	CM14-0146270		
Date Assigned:	10/23/2014	Date of Injury:	12/13/2009
Decision Date:	12/24/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/09/2014

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 Internal Medicine 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 an injured worker with a history of low back and knee injuries. The date of injury was 12/13/2009. The progress report dated 06/09/2014 documented subjective complaints of low back pain. The patient's reported pain level was 6 on a scale of 10. The patient previously had chiropractic treatment. He continues to work with no restrictions. Past medical history included left knee arthroscopic surgery. He has a history of low back and left knee injuries. Upon physical examination, there was noted tenderness to palpation of the left sacroiliac joint and sciatic notch. Range of motion was decreased when assessing lumbar spine. Flexion was 30 degrees. Extension was 20 degrees. There is tenderness to palpation of the left sacroiliac joint and sciatic notch. Reflexes are 2+ and symmetrical. His sensation is intact to soft touch. His vascular status is within normal limits. The patient is able to walk on his heels as well as his toes. Diagnoses were lumbar disc disease, left knee internal derangement status post surgery, lumbar spine sprain and strain, degenerative disc and joint disease, discogenic back pain, left knee arthroscopy in July 2010 with partial meniscectomy, and disc herniation at L5-S1. The treatment plan included chiropractic care and Tramadol. The progress report dated 08/01/2014 documented subjective complaints low back pain. The patient takes Tramadol as needed for low back pain. The Tramadol reduces his pain level from 6-7/10 down to 2-3/10 and increases his ability to perform his regular customary duties. Physical examination findings included lumbosacral tenderness and decreased range of motion. The treatment plan included Tramadol 50 mg and Duexis. Utilization review determination date was 08/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg po prn pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 93-94, 113, 123, 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document that the patient had pain and objective evidence of pathology on physical examination and imaging studies. The patient has regular clinic visits for reassessment. Analgesia and benefit were documented. No adverse effects associated with Tramadol were reported. The progress report dated 08/01/2014 documented that Tramadol reduces the patient's pain level from 6-7/10 down to 2-3/10 and increases his ability to perform his regular customary duties. Per MTUS, Tramadol (Ultram) is indicated for the management of moderate to moderately severe pain. Medical records and MTUS guidelines support the prescription of Tramadol (Ultram). Therefore, the request for Tramadol 50mg po prn pain is medically necessary.

Duexis 800mg/26.6mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Duexis (Ibuprofen / Famotidine) and <http://www.drugs.com/duexis.html>

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. No recent blood pressure measurements were present in the medical records, which are

recommended for NSAID use per MTUS. MTUS and FDA guidelines recommend monitoring of blood pressure and laboratory tests for NSAID use. Medical records do not support the use of NSAIDs such as Ibuprofen. Duexis contains a combination of Famotidine and Ibuprofen. The medical records and MTUS guidelines do not support the use of Duexis. Therefore, the request for Duexis 800mg/26.6mg BID is not medically necessary.