

Case Number:	CM14-0156213		
Date Assigned:	09/25/2014	Date of Injury:	04/03/2014
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/24/2014

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 Occupational 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:

According to the records made available for review, this is a 40-year-old male with a 4/3/14 date of injury. At the time (8/26/14) of request for authorization for Prednisone 20mg #12 and Ultram 50mg #90 with 2 refills, there is documentation of subjective (low back pain and right hip pain) and objective (decreased range of motion of the lumbosacral spine; tenderness to palpitation over the lower lumbar paraspinal muscles bilaterally, iliolumbar, and sacroiliac regions; tenderness to palpitation over the right greater trochanter and the right buttock; and positive straight leg raise) findings, and current diagnoses (multilevel moderate degenerative disc disease and osteoarthritis changes, persistent back pain and right lumbar radicular complaints radiating to the ankle and foot). Regarding Prednisone, there is no documentation of clear-cut signs and symptoms of radiculopathy; that risks of steroids have been discussed with the patient and documented in the record; and that the patient is aware of the evidence that research provides limited evidence of effect with this medication. Regarding Ultram, there is no documentation moderate to severe pain, Ultram used as a second-line treatment, and the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone 20mg #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Corticosteroids

Decision rationale: MTUS reference to ACOEM guidelines identifies that oral corticosteroids are not recommended for evaluation and managing low back complaints. ODG identifies documentation of clear-cut signs and symptoms of radiculopathy; that risks of steroids have been discussed with the patient and documented in the record; and that the patient is aware of the evidence that research provides limited evidence of effect with this medication, as criteria necessary to support the medical necessity of oral corticosteroids. In addition, ODG identifies that early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. Within the medical information available for review, there is documentation of diagnoses of multilevel moderate degenerative disc disease and osteoarthritis changes, persistent back pain and right lumbar radicular complaints radiating to the ankle and foot. However, despite documentation of subjective (low back pain and right hip pain) and objective (decreased range of motion of the lumbosacral spine; tenderness to palpitation over the lower lumbar paraspinal muscles bilaterally, iliolumbar, and sacroiliac regions; tenderness to palpitation over the right greater trochanter and the right buttock; and positive straight leg raise) findings, there is no documentation of clear-cut signs and symptoms of radiculopathy. In addition, there is no documentation that risks of steroids have been discussed with the patient and documented in the record; and that the patient is aware of the evidence that research provides limited evidence of effect with this medication. Therefore, based on guidelines and a review of the evidence, the request for Prednisone 20mg #12 is not medically necessary.

Ultram 50mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of multilevel moderate degenerative

disc disease and osteoarthritis changes, persistent back pain and right lumbar radicular complaints radiating to the ankle and foot. However, despite documentation of low back and right hip pain, there is no documentation moderate to severe pain and Ultram used as a second-line treatment. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Ultram 50mg #90 with 2 refills is not medically necessary.