

Case Number:	CM14-0166873		
Date Assigned:	10/14/2014	Date of Injury:	09/30/1997
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48 years old female who was injured on 9/30/1997 after slipping and falling. She was diagnosed with back pain with radiation, bilateral knee pain, bilateral foot and ankle pain, plantar fasciitis, right wrist sprain, right elbow pain, morbid obesity, chronic pain syndrome, hypertension, neuropathic pain, and depression. She was treated with NSAIDs, opioids, muscle relaxants, activity modification, weight loss, and physical therapy. On 7/24/2014, the worker was seen by her primary treating physician on 6/11/2014 for a follow-up (most recent progress note found in the documents available for review). She reported low back pain with difficulty standing fully erect. Physical findings included restricted range of motion of the lumbar spine as well as tenderness of the left lumbar area and normal neurological examination. She was then recommended to continue her home exercise program and pool-therapy, continue to attend her weight loss program, and continue her medications (Flexeril, Norco). Later, on 9/15/2014, a request for Tramadol, Naproxen, and Norco was made for the worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Tramadol Extended Release 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had at least been taking Norco chronically leading up to this request, however, there is limited information regarding how long she had been taking tramadol leading up to this request. If the worker had been taking it prior to this request, there was not any evidence of functional or pain-reducing benefit specifically attributed to tramadol use. If the tramadol was initiated on 9/15/2014, or thereabouts, there was no documentation indicating why this was required in addition to her other medications, including her Norco use. Without clear documentation to justify tramadol use, it will be regarded as not medically necessary, and weaning may be necessary.

60 tablets of Naproxen EC DR 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was insufficient documentation revealing when the worker was started on Naproxen, if this wasn't the first time it was taken by the patient (9/15/14). There was no evidence of benefit with its use, if it had been used prior to this request. Also, there was no documentation that showed evidence of a recent acute exacerbation of her low back pain which might have warranted at least a short course of an NSAID, such as Naproxen. Therefore, the Naproxen is not medically necessary.

60 tablets of Norco 10/325mg: 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 Opioids Page(s): 78-96.

Decision rationale: See #1 for more rationale. The worker, in this case had been taking Norco chronically leading up to this request. There was insufficient documented evidence of functional and pain-reducing benefit related to Norco use in order to justify continuation. Therefore, the Norco will be regarded as not medically necessary until proven otherwise. Also, weaning may be required.