

Case Number:	CM14-0167423		
Date Assigned:	10/14/2014	Date of Injury:	03/22/2011
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 39 year old man with a date of injury of 3/22/11. He was seen by his provider on 9/16/14 and complained of pain in his bilateral legs, feet and back. His physical exam showed a well healed scar in his midline lumbosacral region with spasm in the quadratus lumborum and paraspinous musculature. He had tenderness in his paraspinal muscles and gluteal muscles and radiating pain towards the knee. He had a negative straight leg raise bilaterally with 2+ reflexes and intact sensation. His diagnoses included degenerative disk disease status post surgery and continued myofascial back pain. At issue in this review are the requests for a HELP evaluation, tramadol and naproxen. The prior length of therapy of the medications is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

HELP Evaluation: Upheld

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

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

Decision rationale: This 39 year old injured worker has chronic back pain. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including tramadol and NSAIDs. The HELP program is a Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs. FRPs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. This injured worker reports difficulty with activities of daily living but a functional assessment is not completed nor documented to justify why he requires and would benefit from a HELP program at this point in his course. The records do not support the medical necessity of a HELP evaluation.

Tramadol 50mg 1 tab twice a day for pain #60, 1 refill: Upheld

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

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

Decision rationale: This 39 year old injured worker has chronic back pain. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including tramadol and NSAIDs. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or side effects to justify ongoing use. The tramadol is denied as not medically substantiated.

Naproxen 500mg 1 tablet twice a day #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, non-steroidal anti-inflammatory drug.

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

Decision rationale: This 39 year old injured worker has chronic back pain. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including tramadol and NSAIDs. In chronic low back pain, 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 to justify ongoing use. The medical necessity for naproxen is not substantiated in the records.

