MAXIMUS Federal Services

Case Number:	CM14-0176839		
Date Assigned:	10/30/2014	Date of Injury:	09/10/2001
Decision Date:	12/08/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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 Orthopedic Surgery 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:

This is a 56-year-old male with a 9/10/04 date of injury. The mechanism of injury was not specified. The patient was most recently seen on 8/5/14, when the patient complained of a 4/10 low back pain associated with bilateral lower extremity weakness, numbness, and tingling. The progress note stated that the patient had been experiencing flare-ups of the low back pain for the past two weeks despite the use of tramadol and ibuprofen. It was also noted that the use of NSAIDs and tramadol had not led to a decreased incidence of flare-ups. Exam findings revealed a patient in no acute distress, with a normal gait and posture. A seated straight leg raise was positive on the right at 45 degrees. The patient's motor strength was 3+/5 for the right hip flexors, knee flexors, and ankle dorsiflexors. Light touch sensation was diminished on the right side along the L4, L5, and S1 dermatomes, and deep tendon reflexes of the extremities were normal except for an absent right patellar reflex. The patient's diagnoses included opioid dependence, lumbar herniated disc, chronic low back pain syndrome, and muscle spasm. The patient's pain medications included ibuprofen 800mg TID, tramadol 50mg q6h, Lidoderm 5% patch, and Medrol Pak. Treatment to date: medications, radiofrequency ablation (L3-S1, C2-C5), epidural steroid injection, functional restoration program, home exercise program.An adverse determination was received on 10/20/14. Ibuprofen tablet 800mg was not certified due to guidelines not supporting long-term utilization of ibuprofen. Tramadol HCl tablet 50mg was not certified due to the lack of documentation of any improvement in function or pain with tramadol, in addition to the lack of any monitoring for aberrancy (i.e. urine drug screen, CURE reports).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen tab 800mg day supply: 30 QTY: 90 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS)

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. This patient had been suffering from persistent low back pain with no decrease in the incidence of flare-ups despite the use of NSAIDs and tramadol, as stated in the physician progress note dated 8/5/14. According to the documentation, it was unclear when the use of ibuprofen was initiated. Furthermore, there was a lack of documentation of any significant improvement in this patient's functional ability or pain level (i.e. via VAS) while taking ibuprofen. In addition, the long-term use of NSAIDs is generally not supported by the guidelines. There was insufficient clinical evidence (i.e. improvement in pain or functional status with ibuprofen) to support deviating from the guidelines. Therefore, the request for ibuprofen tab 800mg day supply: 30, Qty: 90, Refills: 0, was not medically necessary.

Tramadol HCL tab 50mg day supply: 30 QTY: 120 Refills: 01 Rx: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oral Analgesic Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates tramadol Page(s): 78-81, 113.

Decision rationale: CA MTUS states that tramadol (Ultram) is not recommended as a first-line oral analgesic. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient had been suffering from persistent low back pain with no decrease in the incidence of flare-ups despite the use of NSAIDs and tramadol, as stated in the physician progress note dated 8/5/14. There was a lack of documentation of any significant improvement in this patient's functional ability or pain level (i.e. via VAS) while taking tramadol. In addition, there was no record of any monitoring or screening exams (i.e. urine drug screen, CURES report) to monitor for any aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for

ongoing management. Therefore, the request for Tramadol HCl tab 50mg day supply: 30, Qty: 120, Refills: 1, was not medically necessary.