

Case Number:	CM14-0182262		
Date Assigned:	11/07/2014	Date of Injury:	01/11/2013
Decision Date:	12/11/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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 Practice 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:

60 year old male claimant sustained a work injury on 1/1/13 involving the low back. He was diagnosed with lumbar radiculopathy and disc herniation. A progress note on 8/8/14 indicated the claimant had midlumbar pain with palpatory discomfort. Lumbar range of motion was decreased. Prior magnetic resonance imaging (MRI) in July 20-14 showed an L4-L5 annular fissure. The physician requested continuation of Naproxen, Norco and Tramadol for pain control. He had been on those medications for 3 months with no change in exam findings or symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Tramadol HCl 50mg: 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 Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain.

Although it may be a good choice in those with back pain, the claimant's pain level scale or controlled substance agreement was not documented. The claimant's function was not improved while on Tramadol. continued use of Tramadol as above is not medically necessary.

60 Tablets of Hydrocodone/APAP 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): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months along with Tramadol (another opioid) without significant improvement in pain or function. The continued use of Hydrocodone is not medically necessary.

60 Tablets of Naproxen 500mg: 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 NSAID Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs such as Naproxen are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the claimant had been on Naproxen for several months without significant change in pain or function. There was no documentation of Tylenol failure. He had been on Naproxen with several opioids. There was no indication for combining the two classes of medications. Continued use of Naproxen is not medically necessary.