

Case Number:	CM14-0183305		
Date Assigned:	11/10/2014	Date of Injury:	01/22/2013
Decision Date:	12/18/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and manipulative therapy; and epidural steroid injection therapy. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a request for Motrin, denied a request for tramadol, and denied a urine drug screen. The applicant's attorney subsequently appealed. In an April 29, 2014 pain management note, the applicant reported 7/10 low back pain. The applicant exhibited a visibly antalgic gait, it was acknowledged, with limited lumbar range of motion noted. Epidural steroid injection therapy was sought. The applicant stated that standing and walking for more than 30 minutes markedly worsened his pain. The applicant was given refills of tramadol, Flexeril, and Motrin. The applicant's work status was not clearly stated. In a June 27, 2014 progress note, the applicant reported 3/10 pain, temporarily reduced following the epidural steroid injection. The applicant exhibited a visibly antalgic gait. Repeat epidural steroid injection was sought while tramadol, Motrin, and Flexeril were endorsed. The applicant's work status, once again, was not stated. In a July 21, 2014 Medical-legal Evaluation, the applicant again reported persistent complaints of low back pain radiating into the right lower extremity. The applicant stated that his pain complaints were impacting his ability to perform activities of daily living as basic as lifting laundry basket, showering, performing household chores, lifting a case of water bottles, sleeping, standing, and walking. The medical-legal evaluator posited that the applicant would remain off of work, on total temporary disability, for the time being. The applicant went on to receive another epidural steroid injection on August 9, 2014. On August 29, 2014, the applicant presented with moderate-to-severe SI joint pain with

positive provocative testing. The attending provider stated that the applicant's medications were helping but did not elaborate on the extent of the same. Tramadol, Flexeril, and Motrin were renewed. The applicant was asked to undergo urine toxicology screen on the grounds that previous drug testing was negative for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 60 tablets of Motrin 800mg DOS: 8/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Functional Restoration Approach to Chronic Pain Management9792.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability. The applicant continued to report pain complaints in the moderate-to-severe range, despite ongoing Motrin usage. Ongoing Motrin usage had failed to curtail the applicant's dependence on opioid agents such as Tramadol. The applicant was having difficulty performing activities of daily living as basic as standing, walking, doing laundry, lifting, performing household chores, etc. All of the foregoing, taken together, did not make a compelling case for continuation of Motrin. Therefore, the request was not medically necessary.

Retrospective 60 tablets of Tramadol 150mg DOS: 8/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability, medical-legal evaluator concluded above, in mid-2014. The applicant continues to report pain complaints in the moderate-to-severe range. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Tramadol usage. The applicant's commentary to the fact that he is still having difficulty

performing activities of daily living as basic as standing, walking, lifting groceries, performing household chores, etc., further argues against any material improvements in function achieved as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.

Retrospective Urine Toxicology Screen DOS: 8/29/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Differentiation: Dependence and addiction Page(s): 85.

Decision rationale: The attending provider indicated in an August 29, 2014 progress note that he was ordering urine toxicology screening on the grounds that the applicant's last drug test was negative for tramadol. The attending provider, thus, did raise some concerns over possible medication diversion which did warrant drug testing/urine toxicology screening to evaluate, as page 85 of the MTUS Chronic Pain Medical Treatment Guidelines notes that urine toxicology screening negative for prescribed drugs on at least two occasions is an "indicator of possible diversion." Therefore, the request was medically necessary.