

Case Number:	CM14-0020355		
Date Assigned:	05/07/2014	Date of Injury:	10/13/2012
Decision Date:	07/09/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 and chronic pain syndrome reportedly associated with an industrial injury of October 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated January 7, 2014, the claims administrator apparently partially certified request for Naprosyn, approved a request for gabapentin outright, and apparently partially certified a 60-tablet supply of tramadol. It is noted that the claims administrator's rationale was quite sparse. The applicant's attorney subsequently appealed the denials and/or partial certifications. A progress note dated December 28, 2013 was notable for comments that the applicant was off of work, on total temporary disability. The applicant had ongoing complaints of pain, 6/10 with medications and 8/10 pain without medications. The applicant was obese and exhibited painful limited range of motion. The applicant was issued prescriptions for tramadol, Naprosyn, and Neurontin. In an earlier note dated November 22, 2013, the applicant was described as having difficulty sleeping and reporting persistent pain complaints ranging from 6-9/10. The applicant again stated that ongoing medication usage had been beneficial. It was stated that the applicant had not shown any objective improvements in terms of range of motion but had reported subjective improvement in terms of pain relief with medications. Tramadol, Naprosyn, and Neurontin were again renewed on that day while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-SELECTIVE NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that anti-inflammatories such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, in this case, however, the applicant has failed to demonstrate any lasting benefit or functional improvement despite ongoing usage of Naprosyn. The applicant remains off of work, on total temporary disability. The applicant remains reliant on multiple other medications, including synthetic opioids such as tramadol and adjuvant medications such as Neurontin. The attending provider has himself noted that the applicant has failed to demonstrate any objective evidence of improvement despite ongoing Naprosyn usage. Therefore, the request is not medically necessary.

TRAMADOL 50MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93-94.

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

Decision rationale: Tramadol is a synthetic opioid. 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 function, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not been met. The applicant is off of work, on total temporary disability, several years removed from the date of injury. The applicant remains highly reliant on various medications and other forms of medical treatment. Continued usage of tramadol is not, consequently indicated. Therefore, the request is not medically necessary.