

Case Number:	CM14-0021445		
Date Assigned:	06/11/2014	Date of Injury:	02/23/2012
Decision Date:	08/04/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 43 year old male who reported an injury on 02/23/2012 caused by an unspecified mechanism. On 12/27/2013, the injured worker underwent a urine screen that was positive for Tramadol. On 01/22/2013, the injured worker complained of radiated intermittent back pain. The pain level was noted at a 4/10. The physical examination of the lumbar spine revealed a positive straight leg raise test on the right. The motor strength in lower extremity was 4/5 in all muscle groups. There was decreased light to touch sensitivity at the L5 nerve root distribution. The diagnoses included herniated nucleus pulposus at L5-S1 and L4-5 with right foraminal extension and right lower extremity radiculopathy, thoracic spine musculoligamentous sprain/strain as a compensatory consequence to the lumbar spine injury and anxiety and depression secondary to orthopedic injury and lumbar spine myofascial pain syndrome. The medications included Medrox Patches, Topical Creams, and Ibuprofen. The treatment plan included for a decision on Tramadol HCL Acetaminophen and Flurbiprofen. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL-ACETAMINOPHEN 37.5-325 MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol & Opioids for Neuropathic Pain Page(s): 82, 113.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend Tramadol as a first line of oral analgesic. The Guidelines also state that opioids, including Tramadol, have been suggested as second line treatment (alone or in combination with a first- line of drugs). On 10/22/2013, there was lack of evidence of the injured worker's conservative care to include physical therapy and pain medication management. There was no documented evidence noted of VAS scale measurements of pain relief while the injured worker is on the medication. In addition, the request did not include the frequency for the Tramadol HCL Acetaminophen 37.5-325 mg #30. As such, the request is not medically necessary and appropriate.

FLURBIPROFEN #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Flurbipofen Page(s): 72.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Flurbiprofen is used for osteoarthritis and mild to moderate pain: 200-300mg per day at intervals of 2 to 4 divided doses. The maximum daily dose is 300/mg/day and the maximum divided dose is 100mg (for instance, 100mg twice a day). The injured worker's diagnoses included herniated nucleus pulposus at L5-S1 and L4-5 with right foraminal extension of the right lower extremity radiculopathy, thoracic spine musculoligamentous sprain/strain as a compensatory consequence to the lumbar spine injury, anxiety and depression secondary to orthopedic injury and lumbar spine myofascial pain syndrome. On 10/22/2013, there was lack of evidence of the injured worker's conservative care to include physical therapy and pain medication management. There was no documented evidence noted of VAS scale measurements of pain relief while the injured worker is on the medication. In addition, the request did not include frequency for the Flurbiprofen # 120. As such, the request is not medically necessary and appropriate.