

Case Number:	CM14-0039682		
Date Assigned:	06/27/2014	Date of Injury:	06/09/2008
Decision Date:	08/13/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 52 year old male injured on 06/09/08 while performing work related duties, sustained injuries to his back as a result of cumulative trauma. Current diagnoses include mild spasm pain, intervertebral disc disease, and lumbar impingement syndrome. Clinical note dated 01/24/14 indicates the injured worker presented complaining of low back pain radiating into other lower extremities, left greater than the right, with associated numbness in the left leg. The injured worker rated his pain at 6/10. Physical assessment revealed tender lumbosacral musculature with mild spasms present, left greater than right, lumbar range of motion revealed 45 degrees flexion and 10 degrees extension. Clinical note dated 02/21/14 indicates the injured worker presented complaining of low back pain radiating to bilateral legs with associated numbness in bilateral legs, left greater than right. Physical examination revealed mildly tender lumbosacral musculature with mild spasms appreciated at the lumbosacral junction bilaterally and decreased lumbar range of motion. Medication refilled for Tramadol 50mg three times daily and Naproxen 550mg three times daily. The initial request for 90 tablets of Tramadol 50mg and 60 tablets of Naproxen 550mg was initially non-certified on 03/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(90) Tablets of Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 66, 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of 90 Tablets of Tramadol 50mg cannot be established at this time, therefore is not medically necessary.

(60) Tablets of Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66, 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs (non-steroidal anti-inflammatory drugs), specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for 60 Tablets of Naproxen 550mg cannot be established as medically necessary.