

Case Number:	CM14-0039857		
Date Assigned:	06/27/2014	Date of Injury:	02/15/2006
Decision Date:	08/18/2014	UR Denial Date:	03/06/2014
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 Texas. 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 51 year old female who sustained an injury on 02/15/06. No specific mechanism of injury was noted. The injured worker has been followed for complaints of low back pain radiating to the lower extremities. Previous electrodiagnostic studies from 01/07/14 were negative for evidence of peripheral neuropathy or lumbar radiculopathy. The injured worker was seen on 02/12/14 with continuing complaints of radicular pain in the left upper extremity. Prior treatment did include chiropractic therapy as well as acupuncture treatment which provided temporary relief only. The injured worker continued to describe loss of range of motion. Physical examination did note decreased lumbar range of motion as well as positive straight leg raising testing to the left. The injured worker was felt to be a candidate for possible lumbar epidural steroid injections. The injured worker was recommended for a pain management consult for possible epidural steroid injections. There was a progress report form 03/13/14 which contained check marks without any specific physical examination findings. The injured worker was prescribed Axid for treatment of dyspepsia secondary to anti-inflammatory use. The requested tramadol 50 mg #120 prescribed on 01/30/14, Nizatidine 150 mg #60 prescribed on 01/30/14, Diclofenac ER 100 mg #30 and pain management consult were all denied by utilization review on 03/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request with date of service of 1/30/2014 for Tramadol HCL 50mg, #120:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Tramadol is a medication recommended for the treatment of moderate to severe musculoskeletal complaints. Per guidelines, there should be ongoing assessments regarding the efficacy of this type of medication in terms of functional improvement and pain reduction. The clinical documentation submitted for review did not clearly indicate what specific functional improvement or pain reduction was being obtained with the use of this medication. Therefore, the retrospective request for Tramadol HCL 50mg, #120 (DOS 1/30/2014) is not medically necessary and appropriate.

Retrospective request with date of service of 1/30/2014 for Nizatidine 150mg #60:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Histamine-2 Receptor Antagonist. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

Decision rationale: From the clinical reports, there is evidence of gastric upset with the use of anti-inflammatories. Given the indications for gastritis with oral medication use, a proton pump inhibitor such as Nizatidine would be indicated per guideline recommendations. Therefore, the retrospective request for Nizatidine 150mg #60 (DOS: 1/30/2014) is medically necessary and appropriate.

Diclofenac ER 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The injured worker is noted to have had a flare up of low back pain symptoms in January of 2014. Given the flare up of symptoms noted in the clinical reports, the use of this medication as an anti-inflammatory would have been supported by guidelines. Therefore, the request for Diclofenac ER 100mg #30 is medically necessary and appropriate.

One Pain Management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 32.

Decision rationale: The injured worker did have noted increasing radicular symptoms with positive straight leg raising findings noted in the lower extremities. Given the indications for possible lumbar radiculopathy, the request to refer the injured worker for pain management consult regarding epidural steroid injections would be considered medically appropriate. Therefore, the request for One Pain Management consultation is medically necessary and appropriate.