

Case Number:	CM14-0040049		
Date Assigned:	06/27/2014	Date of Injury:	06/04/2004
Decision Date:	08/29/2014	UR Denial Date:	03/25/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44-year-old female who reported an injury on 06/04/2014 due to a coworker pulling a chair out from under her as she went to sit down and fell on the concrete. The injured worker had a history of lower back pain with a diagnosis of degenerative disc disease. The prior surgery included a microscopic laminotomy at the L3-4 and the L4-5 and the L5-S1 dated 06/27/2013. The past treatments included 17 sessions of physical therapy, pool therapy, and pain management. Prior diagnostics include injections. The objective findings to the lumbosacral spine dated 06/20/2014 revealed flexion 50/90 degrees with pain and extension of 20/30 degrees without pain, motor strength of the lower extremities was a 5/5. The back and lower extremities sensory test revealed no abnormalities, straight leg raise was negative. The medications included tramadol 50 mg and Motrin 600 mg. The injured worker described her pain with the back pain a 100% ratio and 0% leg pain. No VAS provided. The treatment plan included 12 additional physical therapy sessions and renews medications. The Request for Authorization dated 05/14/2014 was provided with documentation. The rationale for the tramadol and Motrin was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Motrin 600 mg quantity unspecified is not medically necessary. The California MTUS recommends nonsteroidal anti-inflammatory drugs as the first line of treatment to reduce pain so activity and functional restoration can be restored but long term use may not be warranted. Per the documentation provided there were no pain measurements. Also, anti-inflammatory is not recommended for long term use, the documentation provided did not indicate the length of time that the injured worker had been taking the anti-inflammatory. The request did not address the frequency or the quantity of the Motrin. As such, the request is not medically necessary.

Tramadol 50mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82, 93, 94, 113; 78.

Decision rationale: Tramadol 50 mg quantity unspecified is not medically necessary. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the clinical notes the injured worker was not diagnosed with neuropathic pain. Per the guidelines, tramadol is not recommended for first line oral pain medication. The documentation did not provide the pain measurements, adverse side effects, or aberrant drug taking behavior. The objective findings indicated that the injured worker had full strength and no functional deficits. The request did not address the frequency or quantity of the medication. As such, the request is not medically necessary.