

Case Number:	CM14-0065619		
Date Assigned:	07/11/2014	Date of Injury:	09/25/2010
Decision Date:	08/28/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/09/2014

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 Management 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:

According to the records made available for review, this is a 62-year-old female with a 9/25/10 date of injury. At the time (5/2/14) of request for authorization for Ultram 50mg #90 with 1 refill, Naproxen 500mg #60 with 1 refill, and Ibuprofen 800 mg #90 with 1 refill, there is documentation of subjective and objective findings. The subjective findings are significant ankle pain, intermittent radiating symptoms down the lower extremities, especially in the anterior leg regions bilaterally, left greater than right. The objective findings are fair amount of swelling in the right ankle. The current diagnoses is underlying multi-level degenerative disc disease L3-4 through L5-S1 with a left sided 3 mm disc protrusion L5-S1 with intermittent left-sided radiculitis; underlying moderate bilateral facet arthrosis L4-5, L5-S1 and associated spinal stenosis at these levels; history of greater trochanteric bursitis status post injection with resolution; history of recent ankle fracture, non-industrial. The treatment to date includes casting, use of walker, trochanteric injection, and medications (including Naproxen, Ibuprofen and Tramadol since at least 11/13). Regarding the requested Ultram 50mg #90 with 1 refill, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ultram use to date. Regarding the requested Naproxen 500mg #60 with 1 refill and Ibuprofen 800 mg #90 with 1 refill, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen and Ibuprofen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of underlying multi-level degenerative disc disease L3-4 through L5-S1 with a left sided 3 mm disc protrusion L5-S1 with intermittent left-sided radiculitis; underlying moderate bilateral facet arthrosis L4-5, L5-S1 and associated spinal stenosis at these levels; history of greater trochanteric bursitis status post injection with resolution; history of recent ankle fracture, non-industrial. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records reflecting prescriptions for Ultram since at least 11/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ultram use to date. Therefore, based on guidelines and a review of the evidence, the request for Ultram 50mg #90 with 1 refill is not medically necessary.

Naproxen 500mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase

in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of underlying multi-level degenerative disc disease L3-4 through L5-S1 with a left sided 3 mm disc protrusion L5-S1 with intermittent left-sided radiculitis; underlying moderate bilateral facet arthrosis L4-5, L5-S1 and associated spinal stenosis at these levels; history of greater trochanteric bursitis status post injection with resolution; history of recent ankle fracture, non-industrial. In addition, there is documentation of chronic low back pain. However, given medical records reflecting prescriptions for naproxen since at least 11/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen 500mg #60 with 1 refill is not medically necessary.

Ibuprofen 800 mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of underlying multi-level degenerative disc disease L3-4 through L5-S1 with a left sided 3 mm disc protrusion L5-S1 with intermittent left-sided radiculitis; underlying moderate bilateral facet arthrosis L4-5, L5-S1 and associated spinal stenosis at these levels; history of greater trochanteric bursitis status post injection with resolution; history of recent ankle fracture, non-industrial. In addition, there is documentation of chronic low back pain. However, given medical records reflecting prescriptions for Ibuprofen since at least 11/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 800 mg #90 with 1 refill is not medically necessary.