

Case Number:	CM14-0066095		
Date Assigned:	07/11/2014	Date of Injury:	07/14/2008
Decision Date:	09/18/2014	UR Denial Date:	04/28/2014
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 Occupational 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 records presented for review indicate the injured worker is a 54 year old male injured on 07/14/08. The mechanism of injury was not noted in the documents available for review. The most recent progress note, dated 05/21/14, by a pain management specialist, notes that the injured worker continues to have complaints of low back pain. Diagnoses include low back pain, lumbar radicular pain syndrome, probable disc herniation/extruded directed fragment directed to the right side at L3-L4, and positive discogram at L3-L4 with concordant pain. The injured worker is on Temporary Total Disability. The injured worker states that although the medication does not work all the time, it is still needed and dosage should be increased. The clinical note indicates that the injured worker's pain has worsened since the last visit. His average pain level is 6-8/10 on the visual analog scale. Pain without medications is 9/10 on the visual analog scale and 4/10 after taking medications. Pain improved with medications, rest, and Zynax machine. Daily activities include light chores. Current medications include Vicoprofen 7.5/200, Tramadol 50mg, Topamax 25mg, and Baclofen 10mg. The injured worker does not report adverse side effects from medications. A prior utilization review dated 04/28/14, denied request for Vicoprofen 7.5/200mg #90, Humira 40mg #4, and Tramadol 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications Page(s): 93-94.

Decision rationale: According to the MTUS, Vicoprofen is recommended for short term use only. Hydrocodone/Ibuprofen (Vicoprofen ; generic available): 7.5mg/200mg. Recommended for short term use only (generally less than 10 days). Medical necessity of this request has not been established.

Humira 40mg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications Page(s): 123.

Decision rationale: Humira, or Adalimumab, is a tumor necrosis factor modifier approved for autoimmune diseases such as rheumatoid arthritis, not for other disorders. The injured worker does not have documented rheumatoid arthritis. According to the MTUS Chronic Pain section, a Tumor Necrosis Factor (TNF) modifier is not recommended. Note: This drug was recently included in a list of 20 medications identified by the Food and Drug Administration (FDA's) Adverse Event Reporting System that are under FDA investigation. (FDA, 2008). Therefore, the request is not medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use, weaning of medications Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications Page(s): 127.

Decision rationale: The risks of long term Tramadol may well outweigh its benefits, particularly on patients on psychiatric medications. It has just been reclassified by the Food and Drug Administration (FDA) as a Schedule IV narcotic. Also note that the request does not specify a dose, indication or frequency as it should for a valid prescription. As such, the request is not considered medically necessary.