

Case Number:	CM14-0068852		
Date Assigned:	07/14/2014	Date of Injury:	07/01/2013
Decision Date:	09/19/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/13/2014

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 and is licensed to practice in Illinois. 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 50-year-old male who reported an injury on 07/01/2013 after hitting a metal objective with a forklift. The injured worker had a history of neck and lower back pain. The diagnoses included a sprain/strain to the cervical spine and a sprain/strain to the thoracic spine. The past treatment included acupuncture, chiropractic, and physical therapy. The medications included naproxen and tramadol with a reported pain of 6/10 using the VAS. The diagnostics included x-ray to the lower back dated 06/09/2013 which revealed degenerative changes throughout, and electromyography/nerve conduction velocity study to the bilateral upper extremities and bilateral lower extremities. X-ray of unknown date revealed moderate discogenic spondylosis at the C5-6 and the C6-7 with minimal loss of normal cervical lordosis. The thoracic spine x-ray revealed mild to moderate discogenic spondylosis from the T5-6 through the T11-12. The physical examination dated 01/29/2014 to the lower back revealed normal thoracic kyphosis and lumbar lordosis, normal gait, and no tenderness to palpation along the vertebral bony processes. Range of motion to the lumbar spine flexion of 40 degrees, sacral extension 20 to 22 degrees, and T12 flexion 76 to 80 degrees. And a negative straight leg raise. The examination of the neck revealed shoulders equal bilaterally, no tenderness to palpation along the intervertebral soft tissues of the cervical spine, full range of motion with forward flexion, extension, lateral rotation, and lateral bending, guarding with all motion. Deep tendon reflexes were present and symmetrical. Non dermatomal sensory loss in the upper and lower extremities. Motor was intact with all myotomes. The treatment plan included naproxen, Toprophan, and Ultram. The Request for Authorization dated 07/14/2014 was submitted with documentation. The rationale for the medication was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF NAPROXEN 550MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
NONSELECTIVE NSAIDS: Naproxen Page(s): 72, 73.

Decision rationale: The California MTUS guidelines indicate that Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Per the documentation provided, the injured worker did not have signs or symptoms of osteoarthritis. It is recommended that nonsteroidal anti-inflammatory medications be the lowest dose and for the shortest duration of time. The clinical notes did not indicate the length of time the injured worker had been taking naproxen. The request did not address the frequency. As such, the request for 60 tablets of Naproxen 550mg is not medically necessary.

30 CAPSULES OF TOPROPHAN: Upheld

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 Official Disability Guidelines (ODG) Pain, Medical Foods.

Decision rationale: The Official Disability Guidelines recommend as indicated below.
Definition: Defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The product must be a food for oral or tube feeding; the documentation was not evident that the injured worker had a condition that requires tube or oral feeding. The request did not address the frequency. As such, the request for 30 capsules of Toprophan is not medically necessary.

90 tablets of Ultram 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: 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. The clinical notes did not indicate the adverse side effects or aberrant drug taking behavior. The request did not address the frequency. As such, the request for 90 tablets of Ultram 50 mg is not medically necessary.