

Case Number:	CM14-0076253		
Date Assigned:	07/16/2014	Date of Injury:	04/25/2012
Decision Date:	08/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/26/2014

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, Sports Medicine, and is licensed to practice in New York and 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 60-year-old male with a reported date of injury on 04/25/2012. The mechanism of injury was noted to be from repetitive stooping. His diagnoses were noted to include lumbago and left leg sciatica. His previous treatments were noted to include epidural steroid injections, physical therapy, and medications. The progress note dated 06/17/2014 revealed the injured worker continued to experience low back and left leg pain. The physical examination of the lumbar spine revealed mild pain with back flexion/extension. The range of motion was noted to be 10 degrees of extension and lateral bending with pain. The motor examination of the lower extremities was rated 5/5 bilaterally. The reflexes were trace to the L4 and SI bilaterally. There was a negative straight leg raise on the right and a positive on the left. There were paraspinous muscle spasms and tenderness noted and numbness at the plantar aspect of the foot to touch with direct palpation to the L4-5, L5-S1 facet joints where he had the pain. The request for authorization form dated 04/25/2014 was for diclofenac sodium 50 mg 1 tablet daily #60 and tramadol 50 mg tablets every 6 hours #60; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 50 mg tablet QD #60: Upheld

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

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

Decision rationale: The request for diclofenac sodium 50 mg tablets every day #60 is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDS for osteoarthritis including the knee and hip at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines recommend NSAIDS for acute exacerbations of chronic pain. The NSAIDS are recommended as second line treatment after acetaminophen and there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDS as an option for short-term symptomatic relief of chronic low back pain. A review of the literature on drug relief for low back pain suggested that NSAIDS were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. There is a lack of documentation regarding the effectiveness of this medication and improved functional status. The guidelines recommend short-term utilization of NSAIDS and the injured worker has been taking the NSAIDS for over 6 months. Therefore, the request is non-certified.

Tramadol 50 mg one tablet every day #60: 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 Opioids, On-going Management Page(s): 78.

Decision rationale: The request for tramadol 50 mg 1 tablet every day #60 is non-certified. The injured worker has been utilizing this medication since at least 10/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation with evidence of decreased pain on a numerical scale with the use of the medications, improved functional status, side effects, and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation with significant pain relief, increased functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. As such, the request is non-certified.