MAXIMUS Federal Services

Case Number:	CM14-0192768		
Date Assigned:	11/26/2014	Date of Injury:	02/27/2014
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a female patient with the date of injury of February 27, 2014. A Utilization Review dated November 11, 2014 recommended non-certification of retrospective usage of Fenoprofen Calcium 400mg (DOS 10-13-14) and retrospective usage of Tramadol 150mg #30 (DOS 10-13-14). A Progress Report dated October 13, 2014 identifies history of present illness of significant pain and spasm, along with stiffness to the low back. She also has difficulty with prolonged sitting, and she states that her symptoms radiate down her right posterior and lateral thigh, left lateral thigh is intermittent. Physical examination identifies there is spasm about the lower lumbar region. Pain with motion. There is point tenderness upon palpation about the lower lumbar area. Decreased lumbar range of motion. Decreased sensation to the left posterior and lateral thigh. Diagnoses identify lumbar spine, 7 mm herniated disc at L5-S1, with bilateral L5 and S1 radiculopathy. Treatment Plan identifies dispensed Nalfon 400mg #90 for inflammation and pain and Ultram ER 150 mg #30 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 10/13/14) Fenoprofen Calcium 400mg: 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 Page(s): 67-72.

Decision rationale: Regarding the request for Fenoprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Fenoprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the requested Fenoprofen is not medically necessary.

Retrospective (DOS: 10/13/14) Tramadol 150mg, #30: 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 Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the requested Ultram (tramadol) is not medically necessary.