

Case Number:	CM14-0215984		
Date Assigned:	01/06/2015	Date of Injury:	03/03/2012
Decision Date:	03/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 48-year-old female with a date of injury of March 3, 2012. According to progress report dated November 21, 2014, the patient presents with continued low back pain with weakness of the lower left extremity. The patient is status post lumbar fusion on July 16, 2013. Physical examination of the lumbar spine revealed tenderness and muscle spasms. MRI of the lumbar spine dated October 20, 2014 revealed post operative changes at L4 - L5, stable with no evidence of stenosis or pseudoarthrosis. The listed diagnosis is displacement without myelopathy. The treatment plan was for patient to continue with medications including Ultram, ibuprofen, Lidoderm patches and Lyrica. The utilization review denied the request on December 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with continued low back pain with weakness of the lower left extremity. The current request is for ULTRAM 50MG #90. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates that the patient has been utilizing Ultram since at least 12/2/13. In this case, the treating physician has failed to provide outcome measures including before and after pain scales to denote a decrease in pain. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse side effects. There are no opiate management issues discussed such as CURES report, pain contracts, etc. Possible aberrant behaviors are not addressed and urine drug screenings have not been provided as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Ultram IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with continued low back pain with weakness of the lower left extremity. The current request is for IBUPROFEN 80MG #90. Regarding NSAIDs, MTUS Chronic Pain Medical Treatment Guidelines page 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs -NSAIDs- in chronic LBP and of antidepressants in chronic LBP. The patient has been utilizing Ibuprofen since 10/9/14. In regards to the request for continued Ibuprofen use, the request appears reasonable based on the patient's chronic pain condition. Oral NSAIDs are considered first-line therapies for complaints of musculoskeletal pain. However, none of the reports discuss the medication's efficacy. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of documentation showing that this medication is reducing pain and improving function, the request IS NOT medically necessary.

