

Case Number:	CM15-0008517		
Date Assigned:	01/26/2015	Date of Injury:	10/28/2010
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 35 year old male, who sustained a work/ industrial injury as a former oil field worker with an explosion on the job on 10/28/10. He has reported symptoms of continuous headache, neck and back pain initially. Pain was then reported to the left knee pain, cervical pain radiating into the upper bilateral extremities as well as spasms and lower back pain radiating into the lower extremities, L>R. Medical history included post traumatic stress disorder, chronic pain, and depression. Past surgical history included anterior cruciate ligament repair (2010) and hardware removal (2012). The diagnoses have included concussion, traumatic brain injury, depression, sprain cruciate ligament of knee, joint pain, brachial neuritis, post traumatic stress disorder, cervicgia, myalgia and myositis, articular disc disease, and synovitis. Medications included Diclofenac sodium, Cyclobenzaprine HCL, Ambien, Celebrex, and Tramadol. Treatments included speech therapy, psychotherapy, psychologist, medications, epidural injections, physical therapy, home exercise program, and a neurologist. On 1/5/15 Utilization Review non-certified Tramadol HCL 50 mg #120 with 1 refill and Diclofenac Sodium 50 mg #60 with 1 refill, citing Medical treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg #120 with 1 refill: 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 ongoing management Page(s): 78-80.

Decision rationale: Tramadol HCL 50 mg #120 with 1 refill is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on Tramadol without significant functional improvement and no significant improvement in pain therefore the request for continued Tramadol is not medically necessary.

Diclofenac Sodium 50 mg #60 with 1 refill: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Diclofenac Sodium 50 mg #60 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Diclofenac without evidence of functional improvement and with persistent high levels of pain. The request for continued Diclofenac is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Diclofenac is not medically necessary.