

Case Number:	CM15-0101670		
Date Assigned:	06/04/2015	Date of Injury:	02/19/2010
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old male who sustained a work related injury February 19, 2010, to his lower back. He was initially treated with medication and physical therapy. Past history included L5-S1 anterior and posterior fusion with spacer and allograft 12/14/2010. According to a primary pain and rehabilitation treating physician's progress report, dated April 21, 2015, the injured worker presented with persistent low back pain, rated 5-6/10. He ambulates with a normal gait, without assisted device, and is able to toe and heel walk. Examination of the lumbar spine revealed a slight decrease in range of motion due to pain. Straight leg raise test is negative bilaterally. On palpation, minimal tenderness is noted at the lower paraspinal muscle without spasm. Impression is documented as failed back syndrome and chronic low back pain. Treatment plan included pending response regarding chiropractic treatment, encouraged home exercise and use of a heating pad and at issue, at request for authorization for Ultram and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 93, 94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably denied the request based on lack of evidence of functional improvement and clear plan for opioid requirements, recommending appropriate weaning. However, abrupt treatment cessation is not recommended. Given the lack of evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Ultram will be considered necessary in this case for the purposes of weaning only.

Mobic 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

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

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, 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 main concern for drug selection is based on risk of adverse effects. In this case, it is not clear that use of Mobic is mitigating the patient's pain, and in light of the chronic nature of the treatment, the risk of continued use likely outweighs the benefit and therefore the treatment is not considered medically necessary.