

Case Number:	CM15-0105166		
Date Assigned:	06/09/2015	Date of Injury:	05/17/2006
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Emergency 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 39 year old male, who sustained an industrial injury on 5/17/06. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar post laminectomy syndrome; failed back syndrome with non-union; left lumbar radiculopathy; chronic pain syndrome; chronic reactive clinical depression secondary to chronic pain. Treatment to date has included status post lumbar laminectomy/fusion L4-S1; physical therapy; lumbar epidural steroid injection (7/2014); medications. Currently, the PR-2 notes dated 4/21/15 indicated the injured worker returns for pain management evaluation. He suffers from chronic intractable pain affecting his back with radicular symptoms down his left leg, which affects his walking and daily activities. He is a status post lumbar laminectomy/fusion, but currently worsening shooting pain radiating down his left leg. He has been recommended for lumbar epidural steroid injections, which were of benefit previously and now awaiting authorization. The injured worker reports that medications provide at least 50% relief noting functional improvement with daily activities with the medications. He rates his pain with medications 4-5/10 and without 8-9/10. On physical examination, the provider notes severe tenderness to palpation over the L4-5 and L5-S1 lumbar interspaces. There is muscle spasm and guarding over the bilateral erector spinal muscle and gluteus maximus region. Range of motion of the lumbar spine is limited to 40-50% of normal range. He is walking with antalgic gait decreased weight bearing on the left lower extremity. Motor exam reveals diminished muscle strength at 4/5 in the left knee flexion and extension, 4/5 left ankle dorsiflexion and plantar flexion. Straight leg raise test is positive in the left lower extremity at 45 degrees angle in a sitting position. The provider is

requesting authorization of Anaprox (Aleve DS, Naproxen) 550mg #60 and Tramadol (Ultram) 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox (Aleve DS, Naproxen) 550mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Anaprox (Aleve DS, Naproxen) 550mg, #60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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. The injured worker has pain with medications 4-5/10 and without 8-9/10. On physical examination the provider notes severe tenderness to palpation over the L4-5 and L5-S1 lumbar interspaces. There is muscle spasm and guarding over the bilateral erector spinal muscle and gluteus maximus region. Range of motion of the lumbar spine is limited to 40-50% of normal range. He is walking with antalgic gait decreased weight bearing on the left lower extremity. Motor exam reveals diminished muscle strength at 4/5 in the left knee flexion and extension, 4/5 left ankle dorsiflexion and plantar flexion. Straight leg raise test is positive in the left lower extremity at 45 degrees angle in a sitting position. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Anaprox (Aleve DS, Naproxen) 550mg, #60 is not medically necessary.

Tramadol (Ultram) 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids: 4) On-Going Management Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol (Ultram) 50mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as

well as documented opiate surveillance measures. The injured worker has pain with medications 4-5/10 and without 8-9/10. On physical examination, the provider notes severe tenderness to palpation over the L4-5 and L5-S1 lumbar interspaces. There is muscle spasm and guarding over the bilateral erector spinal muscle and gluteus maximus region. Range of motion of the lumbar spine is limited to 40-50% of normal range. He is walking with antalgic gait decreased weight bearing on the left lower extremity. Motor exam reveals diminished muscle strength at 4/5 in the left knee flexion and extension, 4/5 left ankle dorsiflexion and plantar flexion. Straight leg raise test is positive in the left lower extremity at 45 degrees angle in a sitting position. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol (Ultram) 50mg, #60 is not medically necessary.