

Case Number:	CM15-0106220		
Date Assigned:	06/10/2015	Date of Injury:	07/14/2008
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

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

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 55 year old male who sustained an industrial injury on 7/14/08 involving a twisting motion resulting in pain in his low back. He initially received chiropractic care, physical therapy which was helpful and pain medications. He currently complains of constant, dull, achy pain in the lumbar area radiating down the left leg to the big toe. This has become progressively worse in the last two years. Medications and transcutaneous electrical nerve stimulator unit help to relieve pain. His pain level is 6-8/10. His medications are Tramadol, baclofen and Vicoprofen. He has difficulty with activities of daily living including dressing, position changes, stairs, sitting, yard work and recreational activities. He uses assistive devices for ambulation as needed. On physical exam there was tenderness on palpation of the lower lumbar spine and left lower lumbar musculature. Diagnosis is degenerative disc disease of lumbar spine with left radiculopathy; psoriatic arthritis. He had an MRI of the lumbar spine (1/24/13) showing a disc bulge and facet joint osteoarthritis. In the progress note dated 5/11/15 the treating provider's plan of care includes requests for Vicoprofen 7.5/ 200 # 120, four times a day as needed for pain; tramadol 50 mg # 120, four times a day as needed for pain; baclofen 10 mg # 90, three times a day as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 120, one 4 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a history of a work injury occurring in July 2008 and continues to be treated for back pain with lower extremity radicular symptoms. When seen, pain was rated at 6-8/10. A repeat MRI scan of the lumbar spine had been authorized. Physical examination findings included decreased lumbar spine range of motion with tenderness and positive left straight leg raising. There was a positive left Spurling's test. Medications prescribed included tramadol and Vicoprofen at a total MED (morphine equivalent dose) of 70 mg per day. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of tramadol was not medically necessary.

Baclofen 10 mg Qty 90, 1 by mouth 3 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The claimant has a history of a work injury occurring in July 2008 and continues to be treated for back pain with lower extremity radicular symptoms. When seen, pain was rated at 6-8/10. A repeat MRI scan of the lumbar spine had been authorized. Physical examination findings included decreased lumbar spine range of motion with tenderness and positive left straight leg raising. There was a positive left Spurling's test. Medications prescribed included tramadol and Vicoprofen at a total MED (morphine equivalent dose) of 70 mg per day. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. The claimant does not have an upper motor neuron condition causing spasticity. It is therefore not medically necessary.

Vicoprofen 7.5/200 mg Qty 120, one 4 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a history of a work injury occurring in July 2008 and continues to be treated for back pain with lower extremity radicular symptoms. When seen, pain was rated at 6-8/10. A repeat MRI scan of the lumbar spine had been authorized. Physical examination findings included decreased lumbar spine range of motion with tenderness and positive left straight leg raising. There was a positive left Spurling's test. Medications prescribed included tramadol and Vicoprofen at a total MED (morphine equivalent dose) of 70 mg per day. Vicoprofen (hydrocodone/ibuprofen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Vicoprofen was not medically necessary.