

Case Number:	CM15-0136354		
Date Assigned:	07/24/2015	Date of Injury:	04/24/2013
Decision Date:	08/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 44-year-old female, who sustained an industrial injury on 4/24/13. She reported abdominal pain, low back pain, and left leg pain. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain with lower extremity radiculitis and disc bulge at L4-5 and L5-S1. Treatment to date has included H-wave, medication, ice application, and home exercise. On 6/12/15, pain was rated as 8/10. The injured worker had been taking Naprosyn and Tramadol since at least 1/14/15. Currently, the injured worker complains of low back pain with radiation to the hips and legs. The treating physician requested authorization for chiropractic visits 2x4, Tramadol 50mg #200 with 4 refills, and Naprosyn Sodium 550mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic; eight (8) visits (2 x 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic; eight visits (two times per week times four weeks) are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the worker's working diagnoses are musculoligamentous sprain lumbar spine with lower extremity radiculitis; and disk bulge L4 - L5 and L5 - S1 for MRI. The date of injury is April 24, 2013. The request for authorization is June 12, 2015. The earliest progress note in the medical record containing a Tramadol and naproxen sodium prescription is dated January 14, 2015. There is no start date for Tramadol and naproxen sodium specified in the medical record. Subjectively, the injured worker was not receiving physical therapy and complained of low back pain with radiation to the left leg. Objectively, there was tenderness over the left sciatic notch. There were no other clinical objective findings documented in the medical record. The most recent progress note was dated June 12, 2015. Subjectively, the injured worker was not receiving physical therapy nor was the injured worker currently receiving chiropractic treatment. Objectively, it was straight leg raising that resulted in pain to the low back. There were no additional objective clinical findings the medical record. Utilization review indicates the worker received prior chiropractic treatment. The total number of chiropractic sessions to date is not documented. There is no documentation indicating objective functional improvement prior, practical treatment. There is no compelling clinical documentation indicating additional chiropractic treatment is indicated. Consequently, absent clinical documentation with prior chiropractic treatment, total number of sessions, objective functional improvement from prior chiropractic treatment and objective clinical documentation/physical examination, chiropractic; eight visits (two times per week times four weeks) are not medically necessary.

Tramadol 50mg #200 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #200 with four refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness.

In this case, the worker's working diagnoses are musculoligamentous sprain lumbar spine with lower extremity radiculitis; and disk bulge L4 - L5 and L5 - S1 for MRI. The date of injury is April 24, 2013. The request for authorization is June 12, 2015. The earliest progress note in the medical record containing a Tramadol and Naproxen sodium prescription is dated January 14, 2015. There is no start date for Tramadol and Naproxen sodium specified in the medical record. Subjectively, the injured worker was not receiving physical therapy and complained of low back pain with radiation to the left leg. Objectively, there was tenderness over the left sciatic notch. There were no other clinical objective findings documented in the medical record. The most recent progress note was dated June 12, 2015. Subjectively, the injured worker was not receiving physical therapy nor was the injured worker currently receiving chiropractic treatment. Objectively, it was straight leg raising that resulted in pain to the low back. There were no additional objective clinical findings the medical record. There are no detailed pain assessments in the medical record. There were no risk assessments in the medical record. There is no attempted weaning of Tramadol in the medical record. There was no documentation demonstrating objective functional improvement to support ongoing Tramadol. There was no documentation supporting subjective improvement. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Tramadol, detailed pain assessments, risk assessments, #4 additional refills and a detailed physical examination, Tramadol 50 mg #200 with four refills is not medically necessary.

Naprosyn sodium 550mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naprosyn sodium 550 mg #60 with five refills is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the worker's working diagnoses are musculoligamentous sprain lumbar spine with lower extremity radiculitis; and disk bulge L4 - L5 and L5 - S1 for MRI. The date of injury is April 24, 2013. The request for authorization is June 12, 2015. The earliest progress note in the medical record containing a Tramadol and naproxen sodium prescription is dated January 14, 2015. There is no start date for Tramadol and naproxen sodium specified in the medical record. Subjectively, the injured worker was not receiving physical therapy and complained of low back pain with radiation to the left leg. Objectively, there was tenderness over the left sciatic notch. There were no other clinical objective findings documented in the medical record. The most recent progress note was dated June 12, 2015. Subjectively, the injured worker was not receiving physical therapy nor was the injured worker currently receiving chiropractic treatment. Objectively, there was straight leg raising that resulted in pain to the low back. There were no additional objective clinical findings the medical record. There is no attempted weaning of Naproxen in the medical record. There was no documentation demonstrating objective functional improvement to support ongoing Naproxen. There was no documentation supporting subjective improvement. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in

patients with moderate to severe pain. The start date is not specified in the medical record. The treating provider requested five refills over and above the quantity #60 of the present refill. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing naproxen sodium, #5 additional refills and a detailed physical examination, Naprosyn sodium 550 mg #60 with five refills is not medically necessary.