

Case Number:	CM15-0139695		
Date Assigned:	07/29/2015	Date of Injury:	03/14/2008
Decision Date:	08/26/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/17/2015

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 was a 49 year old male, who sustained an industrial injury, March 14, 2008. The injured worker previously received the following treatments Tramadol and colonoscopy which showed small hemorrhoids on March 26, 2012. The injured worker was diagnosed with depression, chronic pain syndrome, chronic lumbar back pain, chronic abdominal pain, chronic right knee pain and taking medications for chronic disease. According to progress note on June 2, 2015, the injured worker's chief complaint was low back pain. The pain was located in the middle back, low back and right shoulder. The pain was described as aching, burning, discomforting and piercing. The symptoms were aggravated by bending and standing. The symptoms were relieved by pain medications and drugs. The injured worker rated the pain at 4 out of 10, without pain medications. The average pain level over the past month was 0 out of 10. The injured worker reported that the pain was 8 out of 10 with activities of daily living. The injured worker was able to work, volunteer and been active for 8 hours a day with pain medication and without pain medication the injured worker struggled but fulfilled daily home responsibilities. The physical exam noted lumbar curvature and mobility were decreased. There was posterior tenderness with palpation from L3-S1. There were paravertebral muscle spasms of the lumbosacral area bilaterally. The injured worker walked with a normal gait. The treatment plan included prescription refills for Tramadol and Anusol-HC cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back and right shoulder pain. Medications are referenced as decreasing pain from 4/10 to 0/10 and allowing for activities including work and volunteering. When seen, there was decreased spinal mobility with tenderness and muscle spasms. Colonoscopy in March 2012 included findings of hemorrhoids. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief and allowing for activities including work. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore this request is medically necessary.

Anusol-HC cream #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anusol-HC prescribing information.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back and right shoulder pain. Medications are referenced as decreasing pain from 4/10 to 0/10 and allowing for activities including work and volunteering. When seen, there was decreased spinal mobility with tenderness and muscle spasms. Colonoscopy in March 2012 included findings of hemorrhoids. Anusol-HC is indicated for use in inflamed hemorrhoids, post- irradiation (factual) proctitis, as an adjunct in the treatment of chronic ulcerative colitis, cryptitis, other inflammatory conditions of the anorectum, and pruritis ani. An adequate proctologic examination is required before use. Recommended therapy is six to eight weeks or less, depending on the response to treatment. In this case, there is no documented recent proctologic examination and Anusol-HC has been prescribed on a long-term basis. The request is not medically necessary.

