

Case Number:	CM15-0142287		
Date Assigned:	08/03/2015	Date of Injury:	03/21/2013
Decision Date:	09/08/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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: Family Practice

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 42 year old female who sustained an industrial injury on 03-21-2013 while attempting to prevent a pallet from falling. The injured worker was diagnosed with lumbar spine degenerative disc disease, recurrent herniated left L5-S1, possible iatrogenic gastritis from medications. The injured worker had a remote lumbar laminectomy. Treatment to date has included diagnostic testing, conservative measures, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 1, 2015, the injured worker continues to experience low back pain with intermittent cramping pain in the right lower extremity. The injured worker rates her pain level at 6 out of 10. Evaluation revealed a normal heel and toe walk and normal gait. There was tenderness to palpation at L4-5 and L5-S1 at the midline lumbar spine. Range of motion was documented as flexion at 90 degrees, extension at 20 degrees, bilateral bending at 35 degrees each and bilateral rotation at 45 degrees each. Straight leg raise was negative bilaterally. Deep tendon reflexes were noted at three plus at the knees and left ankle. The right ankle deep tendon reflex was absent secondary to a previous spine injury with a documented lumbar laminectomy and discectomy at L5-S1 on the right unrelated to this current claim. The injured worker is Permanent & Stationary (P&S). Current medications are listed as Tramadol and Naprosyn. Treatment plan consists of home exercise program, possible surgical intervention with lumbar fusion if pain and degeneration progresses and the current request for Tramadol and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

Decision rationale: According to the MTUS guidelines, 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. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time. The medical records do not establish evidence of objective functional improvement to support the utilization of non-steroidal anti-inflammatory medications. The request for Naprosyn 500mg #60 Refills is not medically necessary and appropriate.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74-96, 113.

Decision rationale: According to the MTUS guidelines, the long term use of opioids is not supported for chronic non-malignant pain. In order to support the utilization of opioids, there should be improvement in pain and function. In this case, the medical records do not establish significant subjective or objective functional improvement to support the ongoing use of Tramadol. Per the MTUS guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. With regards to Tramadol, the MTUS guidelines note that there are no long-term studies to allow for recommendations for longer than three months. The request for Tramadol 50mg #60 is not medically necessary and appropriate.