

Case Number:	CM15-0145480		
Date Assigned:	08/06/2015	Date of Injury:	03/22/1999
Decision Date:	09/04/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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 66 year old male, who sustained an industrial injury on March 22, 1999. The injured worker was diagnosed as having right knee arthroscopy, right knee internal derangement, cervical, thoracic and lumbar spondylosis and major depressive disorder. Treatment to date has included surgery, therapy, medication, 24-hour care and psychological care. A progress note dated March 19, 2015 provides the injured worker complains of increased right buttock pain radiating down right leg. He is receiving 24-hour care from his wife. Physical exam notes the injured worker appears depressed and older than his stated age. There is an unstable gait, paralumbar tenderness to palpation and positive right straight leg raise. The plan includes continued 24-hour non-skilled care, Mobic, Tramadol, Benazepril, Atenolol, Plavix and close psychiatric and psychological care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #30: 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 Mobic 7.5mg #30 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, 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 increased right buttock pain radiating down right leg. He is receiving 24-hour care from his wife. Physical exam notes the injured worker appears depressed and older than his stated age. There is an unstable gait, paralumbar tenderness to palpation and positive right straight leg raise. 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, Mobic 7.5mg #30 is not medically necessary.

Tramadol 50mg #90: Upheld

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

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

Decision rationale: The requested Tramadol 50mg #90 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 increased right buttock pain radiating down right leg. He is receiving 24-hour care from his wife. Physical exam notes the injured worker appears depressed and older than his stated age. There is an unstable gait, paralumbar tenderness to palpation and positive right straight leg raise. 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 50mg #90 is not medically necessary.