

Case Number:	CM15-0148725		
Date Assigned:	08/11/2015	Date of Injury:	09/25/2001
Decision Date:	09/08/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/30/2015

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: Maryland

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

This is a 54 year old female with a September 25, 2001 date of injury. A progress note dated June 17, 2015 documents subjective complaints (lower back pain rated at a level of 5 out of 10), objective findings (loss of normal lumbar spine lordosis; decreased range of motion of the lumbar spine; deficits in sensation in the lower extremities), and current diagnoses (L5-S1 annular tear with facet symptoms; insomnia). Treatments to date have included medications and imaging studies. The treating physician documented a plan of care that included Diclofenac XR #30 and Tramadol ER 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 1 po qd #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Diclofenac.

Decision rationale: Diclofenac XR 1 po qd #30 is not medically necessary per the ODG and the MTUS Guidelines. The ODG states that Diclofenac is not recommended as first line due to increased risk profile. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Diclofenac but the documentation does not contain evidence of functional improvement from this medication. The request for continued Diclofenac is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. Without evidence of efficacy and due the fact that Diclofenac has an increased risk profile this medication is not medically necessary.

Tramadol ER 150mg 1-2 qd #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Tramadol Page(s): 78-80 and 93-94.

Decision rationale: Tramadol ER 150mg 1-2 qd #60 is not medically necessary per the MTUS Guidelines. The MTUS states that Tramadol is indicated for moderate to severe pain. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Tramadol without significant evidence of functional improvement therefore the request for continued Tramadol is not medically necessary.