MAXIMUS Federal Services

Case Number:	CM15-0148928		
Date Assigned:	08/12/2015	Date of Injury:	08/03/2000
Decision Date:	09/21/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 42 year old female, who sustained an industrial injury on 8-3-2000. She reported slipping and falling, resulting in back pain. The injured worker was diagnosed as having lumbar strain with myofascial pain and possible left lumbar radiculitis. Treatment to date has included medications, chiropractic care, x-rays, and acupuncture. The request is for Mobic, and Ultram. On 11-10-2014, she reported back pain with radiation into the left thigh. She rated her pain as 6-8 out of 10. She indicated standing and sitting to increase her pain. She is noted to have last worked in 2004. The treatment plan included: acupuncture, Mobic, Flexeril, Ultram, home exercise program, and follow up. On 11-24-2014, she reported that her pain remained significant. She indicted losing her prescription for Mobic, Flexeril, and Ultram, given to her on her last appointment. The treatment plan included: starting acupuncture, Mobic, Flexeril, and Ultram. On 12-11-2014, she reported that Mobic, Flexeril and Ultram in combination help her significantly. Without medications, she rated her pain as 8 out of 10 and she can only sit for about 20 minutes and stand for 10 minutes. She indicated she is able to walk 3-4 blocks and do 3 loads of laundry without problems with the use of medications. The treatment plan included: Mobic, Flexeril, and Ultram. On 1-15-2015, she reported continued back pain. She indicated she had a 20% improvement with acupuncture after 6 visits. She denies side effects with the exception of nausea with the use of Ultram. The treatment plan included: Mobic, Flexeril, and Ultram. On 7-13-2015, she reported that her pain remains significant to her back. She indicated a 50% temporary improvement with a Toradol injection. She has pain radiation down her left leg to the calf, and feels occasional numbness and paresthesias. The treatment plan included: magnetic resonance imaging of the lumbosacral spine, Mobic, Flexeril and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 67 of 127.

Decision rationale: This claimant was injured now 15 years ago in a slip and fall with back pain. There has been chronic medicine use. As of December 2014, it was reported that medicine subjectively helped but no documentation of true, objective, functional improvements is noted. As of July 2015, the pain in the back is still significant. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary and appropriately non-certified.

Ultram 50mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13 83 and 113 of 127.

Decision rationale: As shared earlier, this claimant was injured now 15 years ago in a slip and fall with back pain. There has been chronic medicine use. As of December 2014, it was reported that medicine subjectively helped. Ultram causes nausea. As of July 2015, the pain in the back is still significant. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use is therefore not supported. The request is not medically necessary and not certified.