MAXIMUS Federal Services

Case Number:	CM15-0160014		
Date Assigned:	08/26/2015	Date of Injury:	07/07/2006
Decision Date:	10/05/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	08/15/2015

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, New York, 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 applicant is a represented 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 7, 2006. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve requests for Ultram and Relafen. The claims administrator referenced a June 26, 2015 progress note and an associated July 2, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On June 26, 2015, the applicant reported ongoing complaints of low back pain. Tramadol, Relafen, and Neurontin were renewed. The applicant's permanent work restrictions were renewed. The attending provider acknowledged that the applicant was not working with said limitations in place. The applicant was asked to continue using a heating pad. Permanent work restrictions were renewed on this date, seemingly resulting in the applicant's removal from the workplace. The applicant's medication list included Norco, Neurontin, Relafen, and tramadol, it was reported. 9/10 pain complaints were noted. The applicant had not worked since the date of injury, it was reported. The attending provider stated that the applicant's pain complaints reduced the applicant's pain and improved the function but did not elaborate further. An earlier note of May 18, 2015 likewise acknowledged that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Ultram (tramadol), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on June 26, 2015. Pain complaints as high as 9/10 were reported. While the treating provider stated that the applicant's medications were beneficial, this was not quantified. The attending provider likewise failed to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Ultram (tramadol) usage. Therefore, the request is not medically necessary.

Nabumetone 750 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for nabumetone (Relafen), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as nabumetone (Relafen) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing Relafen usage, it was acknowledged on June 26, 2015. The applicant had not worked since the date of injury, it was reported on that date. Ongoing usage of Relafen failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.