

Case Number:	CM15-0161485		
Date Assigned:	08/27/2015	Date of Injury:	12/06/2012
Decision Date:	09/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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:

This injured worker is a 45 year old male who reported an industrial injury on 12-6-2012. His diagnoses, and or impression, were noted to include: left shoulder region disease; internal derangement of the knee; lumbago; and cervicalgia. Recent electrodiagnostic studies were done on 5-11-2015 & 5-14-2015; and magnetic imaging studies of the cervical, lumbar and thoracic spine were done on 5-7-2015. His treatments were noted to include diagnostic studies; medication management; and a return to full duty work. The progress notes of 6-24-2015 reported unchanged, constant, moderate pain in the left shoulder that was aggravated by activity; unchanged, frequent swelling, moderate-severe pain, and buckling of the left knee that was aggravated by activity; worsening, constant, moderate-severe cervical and thoracic spine pain that radiated into the upper extremities, was associated by headaches, and was aggravated by activity; and worsening, constant severe low back pain that radiated into the lower extremities, and was aggravated by activity. Objective findings were noted to include: no acute distress; tenderness and spasms in the cervical-thoracic para-vertebral muscles, with positive axial loading compression and Spurling's maneuver tests, and painful and decreased range-of-motion; tenderness and spasms in the lumbar para-vertebral muscles with positive seated nerve root test, guarded and restricted range-of-motion, altered sensation in the left leg, altered strength, and asymmetric ankle reflexes; tenderness in the joint line with positive patellar grind and McMurrays tests, crepitus and pain with range-of-motion, and evidence of instability; and some stiffness with weak range-of-motion in the left shoulder due to immobilization. The physician's requests for treatments were noted to include the continuation of his medications Nabumetone

and Tramadol Extended Release, because they were helping in curing and relieving his symptomatology .

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg quantity 120: Upheld

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

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

Decision rationale: The requested Nabumetone 750mg quantity 120, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, 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 severe low back pain that radiated into the lower extremities, and was aggravated by activity. Objective findings were noted to include: no acute distress; tenderness and spasms in the cervical-thoracic para-vertebral muscles, with positive axial loading compression and Spurling's maneuver tests, and painful and decreased range-of-motion; tenderness and spasms in the lumbar para-vertebral muscles with positive seated nerve root test, guarded and restricted range-of-motion, altered sensation in the left leg, altered strength, and asymmetric ankle reflexes; tenderness in the joint line with positive patellar grind and McMurray's tests, crepitus and pain with range-of-motion, and evidence of instability; and some stiffness with weak range-of-motion in the left shoulder due to immobilization. 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, Nabumetone 750mg quantity 120 is not medically necessary.

Tramadol extended release 150mg quantity 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 extended release 150mg quantity 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 severe low back pain that radiated into the lower extremities, and was aggravated by activity. Objective findings were noted to include: no acute distress; tenderness and spasms in the cervical-thoracic para-vertebral muscles, with positive axial loading compression and Spurling's maneuver tests, and painful and decreased range-of-motion; tenderness and spasms in the lumbar para-vertebral muscles with positive seated nerve root test, guarded and restricted range-of-motion, altered sensation in the left leg, altered strength, and asymmetric ankle reflexes; tenderness in the joint line with positive patellar grind and McMurray's tests, crepitus and pain with range-of-motion, and evidence of instability; and some stiffness with weak range-of-motion in the left shoulder due to immobilization. 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 extended release 150mg quantity 90 is not medically necessary.