

Case Number:	CM15-0162992		
Date Assigned:	08/31/2015	Date of Injury:	09/04/2012
Decision Date:	10/26/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 40 year old male who sustained an industrial injury on 9-4-12. The injured worker was diagnosed as having musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc bulges L4-5 and L5-S1, musculoligamentous sprain of the cervical spine with upper extremity radiculitis, lateral epicondylitis right elbow, left S1 radiculopathy, possible right lumbosacral radiculopathy. Currently, the injured worker reported low back pain with radiation to the left lower extremity. Previous treatments included oral pain medication, non-steroidal anti-inflammatory drugs, proton pump inhibitor and physical therapy. Previous diagnostic studies were not included. Work status was noted as not working but work status was noted as not permanent and stationary and given work restrictions. The injured workers pain level was not noted. Physical examination was notable for tenderness over left posterior superior iliac spine and sciatic notch. The plan of care was for Tramadol 50 milligrams quantity of 200 with 4 refills and Ibuprofen 800 milligrams quantity of 90 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #200 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Tramadol is an opioid analgesic. According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Tramadol. There is no recent measurement of pain or function in response to opioid use. The record is lacking in evidence that this worker is receiving benefit from the continued use of Tramadol. The presence or absence of side effects or aberrant drug behavior is not included in the record. Therefore, the requested treatment is not medically necessary.

Ibuprofen 800 mg #90 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Non-steroidal anti-inflammatory drugs such as Ibuprofen may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with non-steroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of non-steroidal anti-inflammatory drugs. The record indicates no benefit from the use of non-steroidal anti-inflammatory drugs with this worker or of a trial of acetaminophen. Although the short-term use of Ibuprofen for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period of time. Therefore, the requested treatment is not medically necessary.