

Case Number:	CM15-0164952		
Date Assigned:	09/02/2015	Date of Injury:	04/08/2014
Decision Date:	10/15/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: Physical Medicine & Rehabilitation

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 36 year old male who sustained an industrial injury on 4-8-14. The injured worker was diagnosed as having thoracic herniated nucleus pulposus, lumbar herniated nucleus pulposus, degenerative disc disease lumbosacral and scoliosis. Currently, the injured worker reported moderate back pain. Previous treatments included nonsteroidal anti-inflammatory drugs, oral pain medication, physical therapy, transcutaneous electrical nerve stimulation unit, muscle relaxants, heating pad, and home exercise program. Previous diagnostic studies included radiographic studies. Work status was noted as working with weight lifting restrictions. The injured workers pain level was not noted. Physical examination was notable for lumbar spasm noted and minimally positive straight leg raising at 80 degrees bilaterally. The plan of care was for Ibuprofen 800 milligrams twice a day quantity of 100 with 1 refill and Ultram 50 milligrams 1 to 2 tablets every 6 hours quantity of 100 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, twice a day, #100 with 1 refill: 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): Anti-inflammatory medications.

Decision rationale: The patient was injured on 07/13/15 and presents with back pain. The request is for Ibuprofen 800 mg, twice a day, #100 with 1 refill. The RFA is dated 07/13/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 01/19/15. MTUS Guidelines, Anti-inflammatory Medications Section, page 22 states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has lumbar spine spasm and a positive straight leg raise. He is diagnosed with thoracic herniated nucleus pulposus, lumbar herniated nucleus pulposus, degenerative disc disease lumbosacral and scoliosis. None of the reports provided discuss how Ibuprofen has impacted the patient's pain and function. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Ibuprofen is not medically necessary.

Ultram 50mg, 1 -2 tablets every 6 hours, #100 with 1 refill: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 07/13/15 and presents with back pain. The request is for Ultram 50 mg, 1-2 tablets every 6 hours, #100 with 1 refill. The RFA is dated 07/13/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 01/19/15 and treatment reports are provided from 12/16/14 to 04/29/15. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioid Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioid Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for

chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The patient is diagnosed with thoracic herniated nucleus pulposus, lumbar herniated nucleus pulposus, degenerative disc disease lumbosacral and scoliosis. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrates medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Ultram is not medically necessary.