

Case Number:	CM15-0180874		
Date Assigned:	09/22/2015	Date of Injury:	07/26/2012
Decision Date:	10/27/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: North Carolina, Georgia
 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:

This injured worker is a 48-year-old male who reported an industrial injury on 7-26-2012. His diagnoses, and or impressions, were noted to include displacement of lumbar inter-vertebral disc without myelopathy; disorders of bursae and tendons in shoulder region; and chronic pain syndrome. Recent toxicology studies were done on 9-2-2015, showing consistent results; and magnetic imaging studies of the lumbar spine were said to be done on 2-13-2015. His treatments were noted to include psychological evaluation and treatment; acupuncture treatments - minimally effective after 9 treatments; lumbar epidural steroid injections - effective x 1 week; medication management with toxicology studies; and modified work duties with restricted hours. The progress notes of 9-3-2015 reported complaints which included: pain in the bilateral shoulders that radiated all down to the hands, left > right, in the low back and both lower legs and feet, right > left; that his pain was associated with numbness and tingling in the legs and feet; night pain in the left upper extremity; stiffness and tingling in both feet; weakness in the lower part of the back and feet; and that his medication were beneficial. The objective findings were noted to include sciatic notch tenderness; positive bilateral straight leg raise, right > left; limited left shoulder range-of-motion with mild tenderness to the anterior shoulder; and positive Yergason's, crossed-arm, and Hawkins tests. The physician's requests for treatment were noted to include Ultram ER 150 mg daily, as needed, #30 as a long-acting pain medication; and Relafen 500mg twice a day, #60 as a non-steroidal anti-inflammatory medication. The Request for Authorization, dated 9-3-2015, was noted to include Ultram ER 150mg, daily as needed, #30; and Relafen 500mg twice a day, #60. The Utilization Review of 9-14-2015 non-certified the request for Ultram ER 150mg daily, #30; and Relafen 600mg twice a day, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg, po qd prn, #30 dispensed on 09/02/2015: 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, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Ultram ER, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Ultram ER.

Relafen 500mg, po bid, #60 dispensed on 09/02/2015: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS guideline is clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Relafen 500 mg does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as the medication has been used for an extended period time with no documentation of trials of lesser doses or dosing intervals. Relafen 500mg is not medically necessary.