

Case Number:	CM15-0182268		
Date Assigned:	09/23/2015	Date of Injury:	02/16/1996
Decision Date:	10/27/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/16/2015

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: Arizona, California

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 is a 50-year-old male worker with a date of injury 2-16-1996. The medical records indicated the injured worker (IW) was treated for cervical discopathy with disc displacement; cervical radiculopathy; lumbar discopathy with disc displacement; and lumbar radiculopathy. In the 5-31-15 progress notes, the IW reported pain in the cervical and lumbar spine radiating to the arms and legs with associated numbness and tingling. Medications and compound creams were reported to be helpful alleviating the pain. Medications were Nalfon, Prilosec and Ultram ER; they were last provided on 12-29-14. The IW was temporarily totally disabled. Objective findings on 5-31-15 included tenderness over the cervical and lumbar paraspinal musculature and decreased range of motion secondary to pain and stiffness. Spurling's sign was negative bilaterally. Supine straight leg raising test was positive at 20 degrees bilaterally. Motor exam showed normal strength, bulk and tone in the bilateral upper and lower extremities. Sensation was diminished to light touch and pinprick at the bilateral C6 and L5 dermatomal distribution. Reflexes were 1+ throughout and both toes were down going. Hoffman's sign was negative and there was negative clonus. Treatments included medications. The treatment plan was for continued current medications and follow-up visit. A Request for Authorization was received for Nalfon (Fenoprofen calcium) 400mg, #90 and Ultram ER (Tramadol HCl) 150mg, #90. The Utilization Review on 9-10-15 modified the request for Nalfon (Fenoprofen calcium) 400mg, #90 to allow #45 and Ultram ER (Tramadol HCl) 150mg, #90 was modified to allow #45 per CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon (Fenoprofen Calcium) 400mg #90: 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: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs 6 months prior. Medications used in the interim were not specified. Pain scores were not noted. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The Nalfon was initiated along with Tramadol without justification. The Nalfon is not medically necessary.

Ultram ER (Tramadol HCL) 150mg #90: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's Pain scores were not noted. Medication use in the past several months was not specified. The claimant had been on the maximum dose. The continued use of Tramadol ER (exceeding the maximum recommended dose of 300 mg) as above is not medically necessary.