

Case Number:	CM15-0190373		
Date Assigned:	10/02/2015	Date of Injury:	09/18/2013
Decision Date:	11/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial-work injury on 9-18-13. He reported initial complaints of back pain. The injured worker was diagnosed as having disc bulge at L5-S1 with diffuse DDD (degenerative disc disease) and T11-12 bulge. Treatment to date has included medication and physical therapy (12 sessions). Currently, the injured worker complains of continued same back pain as well as bilateral lower extremity numbness and tingling that is worse on the left. Pain is rated 9 out of 10 without medication and 4 out of 10 with medication. Medication includes Naproxen 550 mg, Fexmid (cyclobenzaprine 7.5 mg, and Protonix 20 mg. Tramadol is used for severe pain. Per the primary physician's progress report (PR-2) on 2-2-15, exam notes normal reflex, sensory, and power testing to bilateral upper and lower extremities except decreased reflexes on the left at the ankle, decreased sensation on the left at S1, and 4+ out of 5 strength on the left at S1, gait is normal, positive lumbar tenderness with spasms in the paraspinal musculature, and decreased range of motion. Current plan of care includes epidural injection upon authorization and medication refill. The Request for Authorization requested service to include Naproxen 550mg #90 (Rx 9/17/15) and Ultram 50mg #60 (Rx 9/17/15). The Utilization Review on 9-24-15 denied the request for Naproxen 550mg #90 (Rx 9/17/15) and Ultram 50mg #60 (Rx 9/17/15), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90 (Rx 9/17/15): Overturned

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), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in September 2013 and is being treated for low back pain with lower extremity symptoms. In February 2015 medications were decreasing pain from 9/10 to 4/10. Naproxen, Pantoprazole, and cyclobenzaprine were being prescribed. When seen in September 2015, he had worsening pain which was not tolerable. He was having left lower extremity numbness with radiating pain and was losing strength. Physical examination findings included decreased left lower extremity strength, sensation, and ankle reflex with positive straight leg raising. There was an antalgic gait. Ultram and Naprosyn are being requested. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant had worsening chronic persistent pain. The requested dosing is within guideline recommendations. Assessment for efficacy at follow-up would be expected. The request was medically necessary.

Ultram 50mg #60 (Rx 9/17/15): 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, long-term assessment.

Decision rationale: The claimant sustained a work injury in September 2013 and is being treated for low back pain with lower extremity symptoms. In February 2015 medications were decreasing pain from 9/10 to 4/10. Naproxen, Pantoprazole, and cyclobenzaprine were being prescribed. When seen in September 2015, he had worsening pain which was not tolerable. He was having left lower extremity numbness with radiating pain and was losing strength. Physical examination findings included decreased left lower extremity strength, sensation, and ankle reflex with positive straight leg raising. There was an antalgic gait. Ultram and Naprosyn are being requested. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED was less than 120 mg per day, there is no documentation that this medication or prior opioid medications have provided decreased pain through documentation of VAS pain scores or specific examples of an increased level of function or improved quality of life. Continued prescribing at this dose is not considered medically necessary.