

Case Number:	CM15-0202196		
Date Assigned:	10/19/2015	Date of Injury:	07/26/2006
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66 year old female with a date of injury on 07-26-2006. The injured worker is undergoing treatment for chronic low back pain secondary to spinal stenosis. On 04-09-2015 a physician note documents her pain in her back increases after activities such as raking, and sometimes it radiates down her right leg. A physician progress note dated 09-30-2015 documents the injured worker has complaints of chronic low back pain. She has more back pain as the day goes on. She reports no significant changes. She continues to work out regularly. On palpation there is midline lumbosacral spine tenderness. Seated straight leg raise is negative. Amitriptyline will be decreased to 25mg at night to see if it prevents morning dizziness. She is retired. Treatment to date has included medications. The Request for Authorization includes Tramadol-Acetaminophen 37.5/325 mg #60 with 2 refills, Amitriptyline HCL 25 mg #60 with 2 refills and Naprosyn 500 mg #60 with 2 refills. Current medications include Amitriptyline, Naprosyn and Tramadol, and Valtrex. On 10-08-2015 Utilization Review modified the request for Tramadol-Acetaminophen 37.5/325 mg #60 with 2 refills to Tramadol-Acetaminophen 37.5/325 mg #45 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 37.5/325 mg #60 with 2 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, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 07-26-2006. The injured worker is undergoing treatment for chronic low back pain secondary to spinal stenosis. Treatments have included Tramadol-Acetaminophen 37.5/325, Amitriptyline and Naprosyn 500 mg. The medical records provided for review do not indicate a medical necessity for Tramadol Acetaminophen 37.5/325 mg #60 with 2 refills. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends documentation of pain and function on numeric scale and comparing with baseline every six months if an opioid is taken for more than six months. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Additionally, the maximum recommended daily opioid dose is 120 morphine equivalents. The medical records indicate the injured worker has been using opioids at least since 2012, but without overall improvement. The records indicate the injured worker is not properly monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Also, the injured worker is not being monitored as is recommended for long term opioids users. The request is not medically necessary.