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| Case Number: | CM15-0202884 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 07/01/1990 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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, Texas
 Certification(s)/Specialty: Internal 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 67 year old male, who sustained an industrial-work injury on 7-1-90. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar radiculitis and chronic low back pain. Treatment to date has included medication and home exercise program. Currently, the injured worker complains of low back and left leg pain. There is soreness and tightness in the morning. There was difficulty sleeping. Meds include Ultram 50 mg, Ketoprofen ER 200 mg, and Gabapentin 600 mg. Per the primary physician's progress report (PR-2) on 9-25-15, exam noted lumbar range of motion with moderate restrictions for flexion and extension, neurological exam normal, and stable gait. Current plan of care includes medication refill, continue home exercise program (HEP), and weight loss measures. The Request for Authorization requested service to include Ultram 50mg 1-2 tabs four times a day as needed #90 with 2 refills and Ketoprofen ER 200mg 1 tab daily as needed #30 with 2 refills. The Utilization Review on 10-13-15 modified the request for include Ultram 50mg 1-2 tabs four times a day as needed #30 with 0 refills and denied Ketoprofen ER 200mg 1 tab daily as needed #30 with 2 refills, 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:

Ultram 50mg 1-2 tabs four times a day as needed #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation does not support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use of this medication is not medically necessary.

Ketoprofen ER 200mg 1 tab daily as needed #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case, the documentation does not support that the patient has used the lowest effective dose for the shortest amount of time to avoid adverse effects of the drug. The continued use of this medication is not medically necessary.