

Case Number:	CM15-0207930		
Date Assigned:	11/20/2015	Date of Injury:	05/04/1992
Decision Date:	12/31/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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, Florida, California

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 57 year old male with a date of injury on 03-04-1992. The injured worker is undergoing treatment for lumbar discopathy with disc displacement, lumbar radiculopathy, bilateral sacroiliac arthropathy and right knee meniscal tear. The most recent physician progress note dated 08-01-2015 documents the injured worker continues to complain of low back pain radiating down in the left leg with numbness and tingling. The pain is centered over the bilateral sacroiliac joints, which is aggravated by twisting, bending and direct pressure. The pain is worse in the am. Swimming and going to the sauna helps with his pain as the day goes on. He also has complaints of insomnia. He has tenderness to palpation over the lumbar paraspinal musculature. There is decreased range of motion secondary to pain and stiffness. Straight leg raise is positive bilaterally. Fabere-Patrick's tests are positive. He has tenderness in his right knee over the posterior medial and lateral ligament joint lines. McMurray's sign is positive. Sensation is diminished to light touch and pinprick at the bilateral L5-S1 dermatomal distribution. Treatment to date has included medications and injections. Current medications include Nalfon, Prilosec, Ultram ER and Norco. The treatment plan included Nalfon 400mg #90, Ultram ER 150mg #90, a Urine toxicology screening, and quantity: 1, a lumbar spine epidural injection, Lunesta, and Norco. On 10-09-2015 Utilization Review non-certified the request for Nalfon 400mg #90, Ultram ER 150mg #90, and a Urine toxicology screening, quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This claimant was injured in 1992 with back and right knee injury. There is continued low back pain down the left leg. There is decreased range of motion and stiffness. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately not medically necessary.

Ultram ER 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As shared previously, this claimant was injured in 1992 with back and right knee injury. There is continued low back pain down the left leg. There is decreased range of motion and stiffness. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of Ultram ER 150mg #90 is therefore not supported. The request is not medically necessary.

Urine toxicology screening, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: As shared previously, this claimant was injured in 1992 with back and right knee injury. There is continued low back pain down the left leg. There is decreased range of motion and stiffness. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately non-certified under MTUS criteria. The request is not medically necessary.