

Case Number:	CM15-0021866		
Date Assigned:	02/11/2015	Date of Injury:	05/15/2014
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/05/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old female, who sustained an industrial injury on 5/15/2014. The diagnoses have included degeneration of intervertebral disc of cervical and lumbar spine. Treatment to date has included medication and chiropractic. Currently, the IW complains of chronic neck and low back pain. Objective findings included tenderness of the cervical region and decreased lumbar motion with guarding. Motor strength and sensation are intact and straight leg raise is negative bilaterally. On 1/15/2015, Utilization Review non-certified a request for Methylprednisolone 4mg #21 and Tramadol HCL 50mg #60 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ODG was cited. On 2/05/2015, the injured worker submitted an application for IMR for review of Methylprednisolone 4mg #21 and Tramadol HCL 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methylprednisolone (Medrol) 4 mg, 21 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Oral corticosteroids Methylprednisolone

Decision rationale: The patient presents with pain affecting the neck and low back with radiating pain into the right buttock and back of the right thigh. The current request is for Methylprednisolone (Medrol) 4 mg, 21 count. The treating physician states, Taking Medrol 4 MG tablets as directed. The ODG guidelines only recommend this medication for acute low back pain if there are clear cut signs of radiculopathy. In this case, the treating physician has documented acute radiculopathy. The current request is medically necessary and the recommendation is for authorization.

Tramadol HCL 50 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck and low back with radiating pain into the right buttock and back of the right thigh. The current request is for Tramadol HCL 50 mg, 60 count. The treating physician states, She takes 3 tablets of Tramadol per day with 40% relief. She denies any side effects. Aberrant medication behavior: n/a. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has had decreased pain with this medication and no side effects or aberrant behaviors were reported and she is able to perform light chores. The MTUS guidelines have specific criteria for ongoing opioid usage which requires documentation on an ongoing basis. The current request is supported and is medically necessary. The recommendation is for authorization.