

Case Number:	CM15-0211139		
Date Assigned:	10/29/2015	Date of Injury:	10/19/2011
Decision Date:	12/11/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/27/2015

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, California
 Certification(s)/Specialty: Family Practice

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 43 year old male who sustained an industrial injury October 19, 2011. Diagnoses are; discogenic cervical condition with facet inflammation with right sided radiculopathy; right shoulder impingement with bicipital tendinitis; discogenic lumbar condition with facet inflammation with bilateral radiculopathy; pelvic mass incidental finding on MRI lumbar spine. According to a treating physician's office notes dated September 10, 2015, the injured worker presented for a follow-up with continued pain to the neck, back and right shoulder, and headaches which have not changed since the last visit. He also reports poor sleep mid back and low back pain with spasms and stiffness. Current medications included Tramadol ER (since at least July 6, 2015), Naproxen (since at least April 21, 2015), Aciphex (for gastritis, not otherwise specified) Flexeril, and Topamax. Objective findings are documented as; pain when he sits, stands, and walks. No further examination is documented. No documentation of decreased pain levels or increased level of function with use of medications. Treatment plan included referral to neurologist for possible Botox injections and pain management referral, follow-up with primary care physician regarding pelvic mass (non-industrial) and avoid bending, stairs, hills, inclines and squatting. At issue, is the request for authorization, dated September 10, 2015 for Naproxen and Tramadol ER. According to utilization review dated September 18, 2015, the request for Aciphex is certified. The requests for Naproxen 550mg #60 and Tramadol ER 150mg #30 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant required a PPR to reduce gastric side effects. Continued use of Naproxen is not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant VAS score reductions with the use of the medications were not provided. Long-term use is not recommended. Failure of Tricyclics and Tylenol was not noted. Continued use is not necessary.