

Case Number:	CM15-0219013		
Date Assigned:	11/10/2015	Date of Injury:	08/28/2009
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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, North Carolina

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 56 year old male, who sustained an industrial injury on 08-28-2009. A review of the medical records indicates that the worker is undergoing treatment for lumbar disc displacement, lumbar spinal stenosis and lumbar radiculopathy. Treatment has included Ibuprofen (since at least 06-02-2015), Tramadol (since at least 06-02-2015) MS Contin, Hydrocodone-Acetaminophen, Fentanyl patch, acupuncture, physical therapy, injection therapy and surgery. Subjective complaints (07-06-2015) included low back pain radiating to the bilateral lower extremities rated as 9 out of 10 without medications and 6-7 out of 10 with medications. Medications were noted to provide 20% pain relief. Objective findings showed positive straight leg raise on the left at 30-45 degrees in the L5-S1 distribution, moderate tenderness to palpation of the bilateral lumbar paraspinal musculature with positive twitch response and left antalgic gait. During a 08-03-2015 office visit the worker reported low back pain radiating to the bilateral lower extremities that was rated as 8 out of 10 without medications and 6 out of 10 with medications. Medications were noted to provide 40% pain relief. Objective findings showed positive straight leg raise on the left at 15-30 degrees in the L5-S1 distribution, moderate tenderness to palpation of the bilateral lumbar paraspinal musculature with positive twitch response and left antalgic gait. Subjective complaints (09-29-2015) included low back pain radiating to the bilateral lower extremities rated as 8 out of 10 without medications and 5-6 out of 10 with medications. Ibuprofen was noted to help with pain and inflammation and Tramadol was noted to help with breakthrough pain and that with these medications he was able to do yard work, small chores around the house, self-care and walk a little more. Pain relief was documented as 25% with medications. Objective findings (09-29-2015) included positive straight leg raise on

the left at 45-60 degrees in the L5 distribution and mild tenderness to palpation of the bilateral lumbar paraspinous musculature with positive twitch response left greater than right and a left sided antalgic gait. The physician noted that the worker had continued suboptimal pain relief despite conservative treatment and that MS Contin would be started to improve pain and functional and minimize short acting narcotics. A utilization review dated 10-09-2015 non-certified requests for Ibuprofen 800 mg Qty: 90 and Tramadol 50 mg Qty: 120 and modified a request for MS Contin 15 mg Qty: 60 to certification of MS Contin 15 mg Qty: 54.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The request is for Ibuprofen, an NSAID recommended as an option for short-term mild to moderate pain relief. NSAIDs should be use at the lowest possible dose for the shortest period of time. Long-term use has been associated with cardiovascular and GI adverse events. In this case, there is no documentation of efficacy specific to the use of Ibuprofen, so efficacy is not established. In addition, there appears to be no attempt to wean or taper the patient's use of Ibuprofen. Therefore, since long-term use is not recommended and based on the above findings, the request is not medically necessary.

MS Contin 15mg #60: 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 for chronic pain.

Decision rationale: The request is for MS Contin, an opioid indicated for moderate to severe pain. It is not intended for long-term use. The 4 A's (analgesia, ADL's, appropriate medication use and adverse events) should be monitored and documented. This patient has been taking opioids on a long-term basis, however there is no documentation of continued analgesia, functional benefit or lack of adverse side effects. There is also no evidence that the lowest effective dose is being utilized and the prescriptions are being issued from a single provider. In addition, the patient is being prescribed 3 different opioids (Norco, MS Contin and Tramadol) without proper rationale for this regimen. Therefore, the request is not medically necessary or appropriate.

Tramadol 50mg #120: 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 for chronic pain.

Decision rationale: The request is for Tramadol, a centrally-acting synthetic opioid indicated for moderate to severe pain. It is not intended for long-term use. The 4 A's (analgesia, ADL's, appropriate medication use and adverse events) should be monitored and documented. This patient has been taking opioids on a long-term basis, however there is no documentation of continued analgesia, functional benefit or lack of adverse side effects. There is also no evidence that the lowest effective dose is being utilized and the prescriptions are being issued from a single provider. In addition, the patient is being prescribed 3 different opioids (Norco, MS Contin and Tramadol) without proper rationale for this regimen. Therefore, the request is not medically necessary or appropriate.