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| Case Number: | CM15-0037417 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 09/23/2013 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55-year-old individual who sustained an industrial injury on 09/23/2013. Current diagnosis included lumbar spinal stenosis, lumbar radiculopathy, left ankle tenosynovitis and knees pain. Previous treatments included medications management, PT and aquatic therapy. The 2014 MRI of the lumbar spine showed multilevel disc bulges and neural foramina stenosis with contact with L3, L4 L5 nerve roots. Report dated 02/02/2015 noted that the injured worker presented with complaints that included low back pain with numbness and tingling, and left leg pain with increased bending, stooping, and lifting. Physical examination showed positive straight leg raising tests with spasm and tenderness of the lumbar paraspinal muscles. The medications listed are Ultram and Motrin. Utilization review performed on 02/19/2015 non-certified a prescription for Ultram and Motrin, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Non-Steroidal Anti-Inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 93-94, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Clinics Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, sedation, addiction, opioid induced hyperalgesia, dependency and adverse interaction with sedatives. The guidelines require that compliance monitoring including serial UDS and functional restoration be documented during chronic opioids treatment. The records did not show documentation of guidelines required compliance monitoring tests or functional restoration. The chronic use of opioids was not limited to periods of exacerbation of the skeletal pain. There is no documentation of the trial of opioid sparing co-analgesics. The criteria for the use of Ultram 50mg #120 was not met.

Motrin 600mg quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Non Steroidal Anti-Inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of severe musculoskeletal pain. The chronic use of NSAIDs can be associated with cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the use of NSAIDs should be limited to the lowest dosage for the shorter periods during exacerbation of musculoskeletal pain. The records indicate that the patient is utilizing Motrin when necessary for the treatment of severe pain. There are no reported adverse effects or complications. The criteria for the use of Motrin 600mg #120 was met.