

Case Number:	CM15-0039623		
Date Assigned:	03/09/2015	Date of Injury:	08/06/2003
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/02/2015

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 55 year old male, who sustained an industrial injury on August 6, 2003. The injured worker had reported a back injury. The diagnoses have included history of a right acetabular hip fracture with underlying arthritis of the hip joint, history of peroneal nerve injury in the right lower extremity with history of foot drop, tarsal tunnel syndrome of the right lower extremity at the foot, lumbar sprain/strain and lumbar degenerative joint disease. Treatment to date has included medications, radiological studies and a home exercise program. Current documentation dated January 12, 2015 notes that the injured worker complained of stabbing back pain that radiated to the right hip and right lower extremity. The pain was rated at a four out of ten on the Visual Analogue Scale with medications. He reports a fifty percent reduction in pain and fifty percent functional improvement with activities of daily living with his medications. Physical examination of the lumbar spine revealed tenderness, spasms and a loss of lordotic curvature. Range of motion was decreased. Straight leg raise was positive bilaterally. Sensation to light touch was diminished in the right lateral calf and bottom of the foot. The treating physician's recommended plan of care included continuing his medications including Zorvolex and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

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 (prior Ibuprofen) for over a year. The claimant was recently using the medication in conjunction with Tylenol ES and Tramadol. Long-term NSAID use has renal and GI risks. The pain relief attributed to Zorovolex cannot be determined. . Continued use of Zorovolex is not medically necessary.

Tramadol ER 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. 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, 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 pain, the had been on opioids including Norco and Nucyhta for the past year. No one opioid is superior to another. The claimant had recently been on Tramadol in combination with Zorovolex and Tylenol ES. There is no indication which medications provided adequate relief and whether the Tylenol had efficacy failure. The continued use of Tramadol as above is not medically necessary.