

Case Number:	CM15-0040219		
Date Assigned:	04/10/2015	Date of Injury:	07/08/1997
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/03/2015

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 63 year old female who sustained an industrial injury on 07/08/1997. She reported back pain. The injured worker was diagnosed as having chronic pain, unspecified spinal stenosis, lumbago, and unspecified neuralgia neuritis and radiculitis. Treatment to date has included epidural steroid injections, and oral medications for pain, inflammation, and gastrointestinal prophylaxis. Electromyogram and nerve conduction velocity testing have been done. Currently, the injured worker complains of back pain. A request for authorization is made for: Ultram ER (2 refills) 300mg, TB24 #30, Naproxen Sodium (2 refills) 550mg Tabs #90, Ultracet (2 refills) 37.5-325mg Tabs #90, Repeat Lumbar ESI bilaterally at L4-5, Lidoderm (2 refills) 5% TDSY #60, and Norflex ER (2 refills) 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER (2 refills) 300mg TB24 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 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's pain increased over time while on the medication. The claimant had exceeded the maximum daily recommended dose of Tramadol (Ultram ER) of 300 mg since it was combined with Ultracet. In addition, pain scores were not documented. The continued use of Ultram ER at the dose above is not recommended and not medically necessary.

Naproxen Sodium (2 refills) 550mg Tabs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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 for an unknown length of time in combination with Tramadol. There was no indication of Tylenol failure or pain scores documented. Long-term NSAID use has renal and GI risks. The claimant required a proton pump inhibitor for prophylaxis. Continued and chronic use of Naproxen with 2 additional month refills is not medically necessary.

Ultracet (2 refills) 37.5-325mg Tabs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 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's pain increased over time while on the medication. The claimant had exceeded the maximum daily recommended dose of Tramadol (Ultram) of 300 mg since it was combined with Ultram ER. In addition, pain

score were not documented. The continued use of Ultracet at the dose above is not recommended and is not medically necessary.