

Case Number:	CM15-0042054		
Date Assigned:	03/12/2015	Date of Injury:	03/19/2008
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female who sustained a work related injury March 19, 2008. She was hit from behind with a cart, causing low back pain. Initial treatment included an MRI and physical therapy, noted to be somewhat helpful. According to a primary treating physician's progress report, dated January 26, 2015, the injured worker presented with complaints of ongoing low back pain and radicular symptoms in her lower extremities. The pain is rated 9/10 without medication and 7/10 with medication. Current medications include Motrin and Tramadol. Physical examination reveals ongoing tenderness to the lumbar spine paraspinal muscles with restricted range of motion. Diagnoses included low back pain; MRI 09/07/2011, reveals a left paracentral annular tear at L4-L5, broad-based disk bulge, and mild narrowing of the left foramen at L4-L5; and s/p L5-S1 epidural steroid injections May 3, 2013 and May 17, 2013, with minimal benefit. Treatment planned included a two month supply of ibuprofen and Tramadol, authorization request for Botox, urine drug screen performed and consistent and physical therapy (8) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back with radiation into the bilateral lower extremity. The current request is for Tramadol 50mg #100. The treating physician report dated 1/26/15 (129B) states, She states that the medication continues to take the edge off and allow her to be more functional and give her more energy. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Tramadol since at least 6/16/14. The report dated 1/26/15 notes that the patient's pain has decreased from 9/10 to 7/10 while on current medication. The report goes on to note that the medication takes about 30 minutes to take effect and lasts for 5 hours at a time. No adverse effects or adverse behavior were noted by patient. The patient's ADLs have improved such as the ability to work part-time, and walk for exercise 15 minutes a day on her treadmill. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Tramadol has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. Recommendation is medically necessary.

Motrin 880mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67-73.

Decision rationale: The patient presents with pain affecting the low back with radiation into the bilateral lower extremity. The current request is for Motrin 880mg #60. The treating physician report dated 1/26/15 (129B) states that the medication continues to take the edge off and allows her to be more functional and give her more energy. The report goes on to state; Motrin continues to help with the pain and inflammation as well. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Medical reports provided show the patient has been taking Motrin since at least 11/3/14. The report dated 1/26/15 notes that the patient's pain level decreases from 9/10 to 7/10

while on current medication. The report goes on to show that the patient is currently working part-time and has the ability to exercise. In this case, the patient's pain level decreases from the use of Motrin and there is documentation of functional improvement. The current request satisfies the MTUS guidelines as outlined on page 60. Recommendation is medically necessary.