

Case Number:	CM15-0046753		
Date Assigned:	03/18/2015	Date of Injury:	11/29/2004
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/11/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 56-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 29, 2004. In a Utilization Review Report dated February 19, 2015, the claims administrator failed to approve a request for tramadol, Motrin, Norco, and lumbar MRI imaging. The applicant's attorney subsequently appealed. In a progress note dated December 11, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral legs. The applicant was apparently working as an x-ray technician. The applicant reported highly variable pain complaints ranging from 4-8/10. The attending provider stated that the applicant's medications were generating appropriate analgesia and allowing her to maintain full-time work status. The applicant had developed dyspepsia with NSAID usage, it was acknowledged. Hyposensorium was noted about the right leg with SI joint tenderness also appreciated. Positive straight leg raising was noted. Multiple medications were renewed. Lumbar MRI imaging was endorsed. The requesting provider was a family nurse practitioner (FNP) working in conjunction with a pain management medical group, it was stated. In a January 30, 2015 progress note, the applicant was described as using Norco and Motrin for pain relief. 7-8/10 pain was appreciated without medications, 5/10 with medications. The attending provider maintained that the applicant was able to perform activities of daily living and maintain full-time work status with her medications. Norco was endorsed. On February 11, 2015, the attending provider again stated that the applicant had maintained work at a rate of 30 hours a week as a result of ongoing medication consumption. The applicant was using tramadol, Motrin, and Norco, it was

acknowledged, several of which were refilled. Lumbar MRI imaging was endorsed to compare against the results of earlier MRI studies performed in 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90 (3x a day): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids specific drug list, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 94.

Decision rationale: Yes, the request for tramadol, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated for moderate to severe pain. Here, the attending provider has established the presence of moderate to severe pain complaints requiring analgesia with tramadol. The applicant has demonstrated a favorable response to ongoing tramadol usage as evinced by an appropriate reduction in pain scores and as evinced by the applicant's successful return to full-time work as an x-ray technician. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Motrin 800mg, #30 (daily): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Similarly, the request for Motrin, an anti-inflammatory medication, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Motrin do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Here, as with the preceding request, the applicant has demonstrated a favorable response to ongoing usage of Motrin as evinced by her return to and/or maintenance of full-time work status with the same. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8 Summary of Recommendations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Conversely, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted on page 304 of the ACOEM Practice Guidelines, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the lumbar MRI in question and/or consider surgical intervention based on the outcome of the same. The requesting provider was a family nurse practitioner (FNP) working in conjunction with the pain management practice, not a spine surgeon. The requesting provider further stated that the MRI study was being ordered largely for comparative or structural evaluation purposes. It did not appear that the applicant was intent on acting on the results of the lumbar MRI and/or considering surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Norco 10/325mg, #180 (every 4 hrs not to exceed 6 per day): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Norco, a short-acting opioid was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. Here, the applicant has returned to and maintained full-time work status with ongoing medication consumption; it has been acknowledged on several progress notes of late 2014 and early 2015. The applicant is deriving appropriate analgesia from the same, the treating provider has further suggested. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.