

Case Number:	CM15-0058334		
Date Assigned:	04/03/2015	Date of Injury:	04/18/2000
Decision Date:	08/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/27/2015

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: 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 was a 59 year old female, who sustained an industrial injury, April 18, 2000. The injured worker previously received the following treatments Naproxen, Tramadol, Flexeril, Doxycycline, muscle stimulator, Methocarbamol, Lidoderm Patches and Norco. The injured worker was diagnosed with sciatic nerve, lumbosacral spondylosis without myelopathy lumbar or lumbosacral, arthritis, osteoarthritis and spondylosis. According to progress note of February 22, 2015, the injured worker's chief complaint was low back pain, left sciatica to the lateral hip and thigh. The injured worker rated the pain at 4 out of 10. The physical exam noted tenderness of the spinous processes with palpation of the lumbar spine. There was paraspinal muscle tenderness reported in the lumbar spine musculature of the lumbar spine. There was decreased range of motion of the lumbar spine; flexion of 80 degrees, extension of 20 degrees, lateral bending of the right and left was 30 degrees. The straight leg raises were negative in the sitting position and lying position. The deep tendon reflexes were equal and symmetric. The treatment plan included prescription renewal for Naproxen and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 Naprosyn for several months in combination with Flexeril, Tramadol and Norco. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain reduction scores with use of medications were not provided and that attributed to Naprosyn is unknown. Continued use of Naprosyn is not medically necessary.

Tramadol 50 MG #180: Upheld

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

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. The claimant had been on Tramadol for months in combination with Naprosyn and Norco. There was no indication for combining multiple opioids and an NSAID. No one opioid is superior to another. Pain reduction scores with use of medications were not provided and that attributed to Tramadol is unknown. Continued use of Tramadol is not medically necessary.