

Case Number:	CM15-0081933		
Date Assigned:	05/04/2015	Date of Injury:	10/23/2012
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 40 year old man sustained an industrial injury on 10/23/2012. The mechanism of injury is not detailed. Evaluations include cervical spine MRI, thoracic and lumbar spine x-rays dated 8/25/2014, and lumbar spine MRI dated 12/18/2014. Diagnoses include lower lumbar spine degenerative disc disease with left radicular pain. Treatment has included oral medications, TENS unit, acupuncture, surgical intervention, and physical therapy. Physician notes dated 2/24/2015 show complaints of mid, upper, and low back pain rated 8/10. Recommendations include transforaminal epidural steroid injection, urine drug screen, Ultram, Relafen, continue physical therapy, home exercise program, use heating pad, consider lumbar epidural steroid injection, continue modified work duties, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60 with 1 refill: Upheld

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 NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Relafen 750mg #60 with one refill is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are status post cervical spine fusion August 28, 2014, chronic cervicgia and left radicular pain; and lower lumbar spine degenerative disc disease with chronic back pain and left radicular pain. Documentation from an orthopedic progress note dated October 24, 2014 shows the injured worker is taking Norco, Tramadol (Ultram) and Relafen. A progress note dated December 3, 2014 (by a second orthopedist) shows the injured worker is taking naproxen, cyclobenzaprine and codeine. A progress note dated February 24, 2015 (by the treating, prescribing provider) shows the injured worker is refilling Ultram and Relafen. The documentation shows the injured worker is being treated by two orthopedists and each orthopedist is writing different non-steroidal anti-inflammatory drugs and possibly opiates. The prescribing (requesting provider) is refilling the Relafen 750 mg #60 with one refill. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no clinical benefit in taking two non-steroidal anti-inflammatories concurrently. Additionally, there is no documentation with objective functional improvement regarding continued Relafen use. Consequently, absent clinical documentation indicating whether Relafen is prescribed or whether both Relafen and naproxen are being taken concurrently with no documentation of objective functional improvement, Relafen 750mg #60 with one refill is not medically necessary.

Ultram 50mg #60 with 1 refill: Upheld

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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50mg #60 with one refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain

with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post cervical spine fusion August 28, 2014, chronic cervicgia and left radicular pain; and lower lumbar spine degenerative disc disease with chronic back pain and left radicular pain. Documentation from an orthopedic progress note dated October 24, 2014 shows the injured worker is taking Norco, Tramadol (Ultram) and Relafen. A progress note dated December 3, 2014 (by a second orthopedist) shows the injured worker is taking naproxen, cyclobenzaprine and codeine. A progress note dated February 24, 2015 (by the treating, prescribing provider) shows the injured worker is refilling Ultram and Relafen. The documentation shows the injured worker is being treated by two orthopedists and each orthopedist is writing different non-steroidal anti-inflammatory drugs and opiates. There is no clear-cut documentation whether the treating providers know what drugs the other treating provider is prescribing. The requesting physician is refilling Ultram. The second orthopedist documents codeine is the injured worker's opiate. Additionally, there is no documentation of objective functional improvement with ongoing Ultram or Codeine. Consequently, absent clinical documentation with objective functional improvement to support ongoing Ultram with confusion regarding which opiate analgesic is, in fact, indicated, Ultram 50mg #60 with one refill is not medically necessary.