

Case Number:	CM14-0117720		
Date Assigned:	08/06/2014	Date of Injury:	02/22/2012
Decision Date:	10/08/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 43 year old male who sustained an industrial injury on 02/22/2012. The mechanism of injury was not provided for review. His diagnoses include low back pain- status post (s/p) discectomy, shoulder pain and right shoulder pain. He continues to complain of low back pain and tinnitus. On physical exam there is tenderness to the lumbar and cervical paraspinal muscles with decreased range of lumbar motion. Motor and sensory exams are normal. Treatment has included medications. The treating provider has requested retrospective Relafen 500mg twice daily # 120, and retrospective tramadol 50mg three times a day # 200.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Relafen 50 mg twice daily, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: The requested medication, Relafen is medically necessary for the treatment of the claimant's pain condition. Relafen is a non-steroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line

therapy after acetaminophen. The documentation indicates the claimant has significant low back and shoulder pain. The documentation indicates that the medication has proved beneficial for pain control. Medical necessity for the requested item has been established. The requested treatment is medically necessary.

Retrospective Tramadol 50 mg three (3) times daily, #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94-96.

Decision rationale: The review of the medical documentation indicates that the requested medication, Ultram is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Ultram (Tramadol) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.