

Case Number:	CM14-0129242		
Date Assigned:	08/18/2014	Date of Injury:	09/01/2009
Decision Date:	09/19/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The records presented for review indicate that this 49 year old female was reportedly injured on September 1, 2009. The mechanism of injury is noted as cumulative trauma to the lower back, right buttocks, left leg, and left knee. The most recent progress note, dated July 1, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated decreased lumbar spine range of motion with tenderness and spasms. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery, physical therapy, and oral medications. A request was made for Tramadol, Lyrica, and Ketorolac and was not certified in the preauthorization process on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): Page 82, 113 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of Tramadol (Ultram) for short term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for Ttramadol is not medically necessary.

Lyrica 100mg #90 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica- medication for treatment of neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 19, 99 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines supports the use of Lyrica as a first line agent for the treatment of neuropathic pain. According to the progress note dated July 1, 2014, the injured employee was stated to benefit from prior use of Lyrica. Considering this, the request for Lyrica 100mg is medically necessary.

Ketorolac 10mg #18 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines notes that the oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following intravenous (IV) or IM dosing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Pain, NSAIDs, Specific Drugs.

Decision rationale: According to the Official Disability Guidelines the oral form of Ketorolac is only recommended for short term usage, up to five days, in management of moderately severe acute pain that requires analgesia opioid level. This medication is not indicated for minor or chronic painful conditions. Considering this, the request for Ketorolac 10mg is not medically necessary.