

Case Number:	CM14-0149955		
Date Assigned:	09/18/2014	Date of Injury:	06/15/2004
Decision Date:	10/17/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Practice, and is licensed to practice in California. 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 patient is a 56 year old female who sustained an industrial injury on 6/15/14. She is diagnosed with degenerative disc disease, myofascial pain, back pain, lumbar degenerative disc disease, sciatica, low back pain, arthritis of back, depression, cervical spine pain, insomnia, mouth pain, and decayed teeth. The patient has had adverse side effects to Norco and MSContin. The patient was seen on 8/13/14 at which time she complained of neck, back and left shoulder pain. Examination revealed decreased and painful cervical and lumbar range of motion. It is noted that pain medications have not been used for 3 months. The patient was prescribed Tramadol 50 mg #90 with one refill, and Mobic 15 mg #30 with one refill. Utilization review was performed on 8/19/14 at which time recommendation was made to modify the requested medications to allow one prescription. The prior peer reviewer noted that the patient should be closely monitored for medication effectiveness and adverse side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Chronic Pain Medical Treatment Guidelines (May 2009); reg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient is followed for chronic pain. The examination narrative reviewed states that the patient has not utilized pain medications for 3 months. At this time, the request for Tramadol is supported to decrease pain and increase function. The request for Tramadol 50mg #90 with 1 refill is medically necessary.

1 prescription of Mobic 15mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Chronic Pain Medical Treatment Guidelines (May 2009); reg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic), NSAIDs, specific drug list & adverse effects Page(s): page 72, page 60,.

Decision rationale: The patient is followed for chronic pain. The examination narrative reviewed states that the patient has not utilized pain medications for 3 months. At this time, the request for an oral NSAID such as Mobic is supported to decrease pain and increase function. The request for Mobic 15mg #30 with 1 refill is medically necessary.