

Case Number:	CM14-0164853		
Date Assigned:	10/09/2014	Date of Injury:	06/01/2002
Decision Date:	11/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/1/02. A utilization review determination dated 9/11/14 recommended non certification for the requested Indomethacin and recommended a trial of Tramadol. The reason given for the non certification of the Indomethacin was that although the patient reported subjective improvement in pain with medication there were no objective functional gains documented supporting the subjective improvement and that this medication is intended for the shortest period possible in patients with moderate to severe pain. The tramadol request was modified stating a time limited trial with improved functional gains had not been documented and 60 pills were authorized so that the patient could try a time limited trial to see if he had any functional improvement. A progress report dated 9/03/14 indicates the patient complained of low back pain that was a constant aching type pain with muscle tightness. The patient complained of alternating, pulsating pain down his legs and numbness to the top of both feet. He reports that his right ankle, right knee and left elbow pain are fairly well managed and do not cause any impaired function at this time. The patient reported his pain is a 7-10/10 without medication and a 4-10/10 with medication, he is currently taking Tramadol 100mg three times a day and Indomethacin 50mg three times a day. He reports his pain improves with positional changes, medication and stretching, and is worse with sitting, standing, bending, lifting or walking. Objective findings indicate that there is lumbosacral paraspinal tightness with diffuse myofascial restrictions, with multiple muscle spasms in the L4-5 area and along the iliac crest. The patient had diminished sensation in the left L5 dermatome and tenderness to the sacroiliac joints bilaterally as well as trigger point tenderness at L4-5 bilaterally. Diagnoses include Chronic pain syndrome, Low back pain, Lumbar strain, Myalgia, Numbness, Right ankle pain, Right knee pain and Left elbow pain. Treatment plan included getting the MRI report from Idaho, requesting authorization for massage therapy, a new four wheeled walker with a padded

seat, as well as Tramadol ER 150mg and Indomethacin. The patient signed an opiate agreement and a CURES report was obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE USAGE OF INDOCIN (INDOMETHACIN) 50MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Indomethacin, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Indomethacin is providing any objective functional improvement. In the absence of such documentation, the currently requested Indomethacin is not medically necessary.

PROSPECTIVE USAGE OF TRAMADOL ER 150 MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79.

Decision rationale: Regarding the request for Tramadol (Ultram), California Pain Medical Treatment Guidelines state that Tramadol is a long acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the patient's function (in terms of specific objective functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Ultram is not medically necessary.