

Case Number:	CM14-0081822		
Date Assigned:	07/28/2014	Date of Injury:	05/07/1997
Decision Date:	10/08/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/03/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

5/5/14 note indicates pain of right leg due to sciatica. There is a history of right L5-S1 disc herniation since 5/7/1997. There is no current numbness or tingling in the lower extremities. There is flare up of pain for 1 month and is taking motrin once or twice per week. Pain is worse with lifting, bending, sitting, coughing, and housework. Medications are listed as celexa, coreg, meloxicam, oxybutynin, prempo, singulair, zantac, and Zyrtec. There was decreased sensation in the toes of the right foot with low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) - pain, opioids

Decision rationale: The medical records indicate a flare of acute pain in setting of chronic pain and the pain is reported to not be controlled by therapy that includes NSAID. ODG supports Tramadol Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks). The request is medically necessary.

Meloxicam 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 61, 67-68, 78.

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

Decision rationale: The medical records indicate the claimant is taking Motrin already. The addition of another NSAID is not supported nor would the addition of another NSAID if Motrin is not effective be supported. MTUS supports There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Therefore the request is not medically necessary.