

Case Number:	CM14-0213042		
Date Assigned:	12/30/2014	Date of Injury:	04/29/2013
Decision Date:	02/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker was injured on 4/29/13 while digging with a pick axe. This resulted in acute low back pain. There is a subsequent injury on 6/13/13 with exacerbation of low back complaints. He continues to complain of low back pain with some radiation to the left lower extremity. Electrodiagnostic testing on 9/11/13 did provide evidence for a left L5 radiculopathy. Treatment has included physical therapy with home exercise program, TENS unit, acupuncture, chiropractic treatment, and medications. Medications have included naproxen sodium ibuprofen Flexeril and fenoprofen. Tramadol was added to his treatment regimen on 1/15/14. His current diagnoses are lumbar degenerative disc disease with L4-5 intervertebral disc herniation and left radiculopathy, lumbar strain/sprain, myofascial pain and sacral sprain. The primary treating physician has requested tramadol 50 mg #60 and fenoprofen 400 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78, 93-94.

Decision rationale: The MTUS notes that tramadol is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months. The medical records do not support use of tramadol within the MTUS guidelines noted above. Long-term use of tramadol, for greater than 3 months, is documented in the records. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case, the records do not document a complete pain assessment as noted above. Continued use of tramadol will require documentation, as noted above, consistent with the MTUS guidelines. Therefore, this request is not medically necessary.

Fenoprofen 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 67-68.

Decision rationale: Fenoprofen is a non-steroidal anti-inflammatory drug (NSAID). The MTUS states that non-steroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal (GI), cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. 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 naproxen being the safest drug). There is no evidence of

long-term effectiveness for pain or function. Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. Fenoprofen (Nalfon , generic available): 200, 600 mg. Dosing: osteoarthritis; (off-label use for ankylosing spondylitis); 300 - 600mg PO 3 to 4 times per day (Max daily dose is 3200mg). Improvement may take as long as 2 to 3 weeks. Mild to moderate pain (off-label use for bone pain): 200mg PO every 4 to 6 hours as needed. In this case, the records do document long term use of non-steroidal anti-inflammatory medications with no functional improvement. Utilization Review of 12/9/14 notes that there is no documentation that first-line medications, which are safer with fewer side effects, should not be used. The MTUS states there is no evidence of long-term effectiveness for pain or function. Therefore, this request is not medically necessary.