

Case Number:	CM15-0019146		
Date Assigned:	02/09/2015	Date of Injury:	06/14/2012
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 44 year old female, who sustained an industrial injury on 6/14/12. She has reported back pain after lifting an ice chest of milk weighing 100 plus pounds working as a nutritionist. The diagnoses have included lumbar spine herniated nucleus pulposus with facet joint arthropathy, lumbago, displaced lumbar intervertebrae, cervicgia and lumbar neuritis. Treatment to date has included medications, diagnostics, injections, epidural and facet blocks and physical therapy. Currently, the injured worker complains of low and mid back pain that radiates to the left leg with one time occurrence of numbness in the left foot. The pain is aggravated with prolonged standing. She states that with her medications she rates the pain 5/10 and without medications 7-8/10. She states improvement in activities of daily living (ADL's) and increased ability to sit, stand and walk with using medication. Physical exam of the lumbar spine revealed tenderness in the lumbar spine, left buttock and left sciatica. There was decreased range of motion noted. There was no documented therapy sessions noted. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 1/7/15 revealed posterior disc protrusion, and central and left paracentral posterolateral disc protrusion. The urine drug screen dated 9/13/14 was consistent with medications prescribed. Prescription was given for Tramadol 50mg #100 and Anaprox 550mg #60 with 3 refills. Work status was modified duty as of 1/14/15 with no lifting, pulling or pushing over 15 pounds. On 1/22/15 Utilization Review modified a request for Tramadol 50mg #100 modified to Tramadol 50mg #60, noting that this will initiate downward titration and complete discontinuation on subsequent review. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited. On 1/22/15 Utilization Review non-certified a request

for Anaprox 550mg #60 with 3 refills, noting there is no supporting evidence of objective functional gains noted. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic: Tramadol Page(s): 113.

Decision rationale: The 1/22/15 Utilization Review letter states the Tramadol 50mg, #100 requested on the 1/14/15 medical report was modified to allow the physician an opportunity to submit medication compliance guidelines including urine drug tests, risk assessment, weaning, and pain contract. According to the 1/14/15 orthopedic report, the patient presents with mid and low back pain that radiates to the left leg. Pain is 5/10 with medications, 7-8 without medications. She has increased ability to sit, stand, and walk as a result of medication. The diagnosis is herniated nucleus pulposus of the lumbar spine with facet arthropathy. The plan included requesting authorization for urine drug screen, and Tramadol 50mg, #100 and Anaprox 550mg, #60 with 3 refills. The physician's initial evaluation was on 12/8/14, but there was no discussion of medications at that time. It appears that the initial trial of Tramadol 50mg, was on the 1/14/15 report. The physician recommended returning to work modified duty, no lifting, pushing, pulling over 15 lbs. The medical records show that on 9/10/14, the patient was using Norco for pain control. The 2/11/15 report states the tramadol was not effective for pain control. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The provided records show the patient was using Norco for pain control prior to seeing the new treating physician. The new treating physician initially prescribed tramadol on the 1/14/15 report. This was apparently approved by UR in order to give the treater an opportunity to discuss efficacy. On the 2/11/15 follow-up visit, it was discovered that the tramadol was not effective and was discontinued. This request is for the tramadol prescribed on 1/14/15. The trial of tramadol on 1/14/15 is in accordance with MTUS guidelines. The request for Tramadol 50mg, #100 IS medically necessary.

Anaprox 550mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8-9.

Decision rationale: The 1/22/15 Utilization Review letter states the Anaprox 550mg, #60 with 3 refills requested on the 1/14/15 medical report was denied because there needs to be evidence of objective functional improvement as a result of the medication. The records show that the patient was using Norco for pain control prior to starting treatment with the new physician on 12/8/14. The 12/8/14 did not discuss medications. The 1/14/15 report appears to be the initial request for Anaprox 550mg, #60 with 3 refills. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." MTUS supports a trial of Anaprox for chronic pain. However, the medical necessity for the refills could not be determined until follow-up reporting on efficacy. The follow-up 2/11/15 report states the medication did not help, and cause side effects of GI upset and was discontinued. The request presented for this IMR was for Anaprox 550mg, #60 with 3 refills. The request, as written is not in accordance with MTUS guidelines. The request for Anaprox 550mg, #60 with 3 refills, IS NOT medically necessary.