

Case Number:	CM15-0116276		
Date Assigned:	06/24/2015	Date of Injury:	08/22/2013
Decision Date:	07/24/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, New York, California
 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:

The applicant is a represented 33-year-old who has filed a claim for chronic low back, neck, mid back, and shoulder pain reportedly associated with an industrial injury of August 22, 2013. In a Utilization Review report dated June 1, 2015, the claims administrator partially approved a request for Tramadol while apparently denying a request for ibuprofen outright. The claims administrator referenced a RFA form received on May 19, 2015 and progress note of February 17, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated February 17, 2015, the applicant reported multifocal complaints of neck, mid back, low back, shoulder, and groin pain with derivative complaints of sleep disturbance and headaches. The applicant was placed off of work, on total temporary disability. Medication selection and medication efficacy were not discussed or detailed. The applicant's pain complaints were described as constant and severe, toward the top of the report. In a December 12, 2014 Agreed Medical Evaluation (AME), it was likewise acknowledged that the applicant was no longer working. The claims administrator's medical evidence log suggested that the most recent clinical note on file was, in fact, dated February 17, 2015, with the most recent note on file representing an imaging study dated March 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the February 17, 2015 progress note, referenced above. Constant, severe, multifocal pain complaints were reported on that date. While it is acknowledged that the May 19, 2015 RFA form on which the article in question was proposed was not incorporated into the IMR packet, the historical information on file, specifically, the February 17, 2015 clinical progress note referenced above, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Ibuprofen 800 mg Qty 90 with 6 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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: Similarly, the request for ibuprofen (Motrin), an anti-inflammatory medication #90 with six refills, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the most recent clinical progress note provided dated February 17, 2015 did not include any discussion of medication efficacy. The applicant remained off of work, on total temporary disability, on that date. The applicant continued to report constant, severe, multifocal pain complaints. The applicant apparently remained dependent on opioid agents such as Tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of ibuprofen (Motrin). While it is acknowledged that the May 19, 2015 RFA form in which the article in question was proposed was not incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.