

Case Number:	CM15-0118078		
Date Assigned:	06/26/2015	Date of Injury:	10/06/2014
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 6, 2014. In a Utilization Review report dated May 24, 2015, the claims administrator failed to approve requests for tramadol, medical marijuana, and prednisone. The claims administrator referenced an RFA form dated May 12, 2015 in its determination. The applicant's attorney subsequently appealed. On May 6, 2015, the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant had a large herniated disk at L5-S1. The applicant had received recommendation for surgical intervention but had apparently declined to pursue the same. Positive left-sided straight leg rising was appreciated. Epidural steroid injection therapy and Tramadol were endorsed while the applicant was placed off work, on total temporary disability. The applicant alleged that her medications had been stolen some one month prior. In a handwritten order form dated April 8, 2015, prednisone, Phenergan, Ventolin, and medical marijuana were seemingly endorsed, with little supporting rationale. On May 12, 2015, the applicant did receive a lumbar epidural steroid injection. In an April 8, 2015 progress note, the applicant again reported ongoing complaints of low back pain radiating into leg. The applicant was using Tramadol for pain relief. The applicant was placed off work, on total temporary disability. Epidural steroid injection therapy was sought. There was no discussion of medication selection or medication efficacy on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Tramadol 50mg, 4 times a day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids; 7) When to Continue Opioids Page(s): 79; 80.

Decision rationale: No, the request for Tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who are engaged in illicit substance use. Here, the applicant was concurrently using Tramadol, a synthetic opioid, and marijuana, an illicit substance. Discontinuing Tramadol, thus, appeared to be more appropriate option than continuing the same. It was further noted that the applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on multiple office visits, referenced above, including on May 6, 2015. The attending provider failed to outline a quantifiable decrements in pain or meaningful commentary on improvements in function effected as a result of ongoing Tramadol usage on progress notes of May 6, 2015 and April 8, 2015 (if any). Therefore, the request was not medically necessary.

Medical marijuana as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28.

Decision rationale: Similarly, the request for medical marijuana was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, cannabinoids such as marijuana are "not recommended" in the chronic pain context present here on several levels, both legal and otherwise. Therefore, the request was not medically necessary.

Prednisone (Dosage and frequency not given): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Finally, the request for prednisone, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, oral corticosteroids such as prednisone are deemed "not recommended" in the evaluation and management of applicants with low back pain complaints, as were/are present here. Here, the attending provider did not explicitly allude to the need for oral prednisone in his April 8, 2015 progress note, referenced above. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider base his choice of pharmacotherapy on the type of pain to be treated and/or pain mechanism involved. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that an attending provider should be knowledgeable regarding prescribing information and adjust the dosing to the individual applicant. Here, the dosing, strength, frequency, and overall amount of prednisone furnished were not detailed or described. Multiple progress notes, referenced above, did not incorporate any discussion medication selection or medication efficacy. Therefore, the request was not medically necessary.