

Case Number:	CM15-0128626		
Date Assigned:	07/15/2015	Date of Injury:	12/12/2007
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/03/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial /work injury on 12/12/07. He reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbar disc degeneration, lumbar facet arthropathy, failed back surgery syndrome, lumbar radiculopathy, s/p fusion lumbar spine, rule out painful lumbar spine hardware. Treatment to date includes medication and diagnostics. MRI results were reported on 4/9/08. CT scan results were reported on 2/27/13. EMG/NCV (electromyography and nerve conduction velocity test was performed on 4/15/08). Currently, the injured worker complained of low back pain, pain radiating down the left lower extremity with frequent severe muscle spasms in the low back. Pain was rated 7/10 with medication and 9/10 without medication. Per the pain medicine re-evaluation on 5/11/15, exam the lumbar area reveals no gross abnormality, spasm present in the paraspinous musculature, tenderness upon palpation in L4-S1, range of motion of lumbar was moderately limited secondary to pain, facet signs were present in the lumbar spine bilaterally, and sensory shows decreased sensitivity to touch along L4-S1 dermatomes. A cane was utilized for ambulation due to antalgic gait. Current plan of care included labs, diagnostics, and medication. The requested treatments include APAP / Codeine Phosphate 300mg/30mg, Naproxen 550mg, and Tramadol ER 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP / Codeine Phosphate 300mg/30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS states that opioids have been suggested for neuropathic pain not responding to first-line recommendations (anti-depressants, anti-epileptics). In chronic back pain, opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. This claimant has had chronic low back pain since date of injury in 2007. There is no evidence of a urine drug screen or opioid contract in the medical records submitted. Routine use of long-term opioids is not recommended, therefore the request is found not medically necessary.

Naproxen 550mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66.

Decision rationale: CA MTUS guidelines state that Naproxen is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. This patient does have chronic low back pain that has an inflammatory component, so the continued use of Naproxen appears to be reasonable. The request for Naproxen is medically necessary and appropriate.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation, Online Edition, 2015.

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

Decision rationale: According to MTUS guidelines, Tramadol is a synthetic opioid indicated for pain management but not recommended as a first-line oral analgesic. Routine long-term use of opioids is not recommended. CA MTUS recommends that the "4 A's" for ongoing use of opioids be documented, including analgesia, activities of daily living, adverse side effects and aberrant behavior. The records document analgesia and activities of daily living, but adverse side effects and aberrant behavior are not addressed. There is no documentation of specific functional improvement or plans to return to work. Given the above, this request is deemed not medically necessary.