

Case Number:	CM15-0174074		
Date Assigned:	09/15/2015	Date of Injury:	02/17/2012
Decision Date:	10/22/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	09/03/2015

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

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 24 year old male who sustained an industrial injury on 02-17-2012. According to a Doctor's First Report of Occupational Injury dated 06-25-2015, the injured worker sustained an injury to the low back. He had previously been told that he had a herniated disc and bulging disc. Treatment to date has included medications and physical therapy. The injured worker was currently taking Naproxen and Cyclobenzaprine. Lumbar discomfort was described as sharp, aching, burning, tingling, numb, shooting, mild, pain, discomfort and tightness. It would come and randomly and varied with activity and increased with movement. Pain was rated 2 to 3 without medications and 1 with medications. There were times when pain was intolerable and would reach an intensity level of 10. Diagnoses included lumbar sprain strain. The treatment plan included Tramadol and Naproxen. Work status included regular work. Records show that Naproxen was prescribed dating back to 02-26-2015 and Tramadol was previously prescribed on 04-07-2015. A urine toxicology report performed on 06-02-2015 was negative for any substances. On 07-30-2015, Utilization Review non-certified the request for retrospective Naproxen 500 mg #60 and retrospective Tramadol 50 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with low back pain. The request is for RETROSPECTIVE NAPROXEN 500MG #60. Physical examination to the lumbar spine on 06/02/15 revealed tenderness to palpation over the L4-S1 spinous processes. Range of motion was limited in all planes with pain. Patient's diagnosis, per Request for Authorization form dated 06/25/15 includes lumbar sprain/strain. Patient's medications, per 02/26/15 progress report include Naproxen, Protonix, Cyclobenzaprine, and transdermal cream. Patient is working regular duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, Anti-inflammatory medications, pg 22 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 non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Treater does not discuss this request. Patient has received prescriptions for Naproxen from 02/26/15 through 09/04/15. In this case, the treater has not provided adequate documentation of medication efficacy and functional improvement. MTUS guidelines require documentation of medication efficacy to continue use. Given the lack of documentation as required by the guidelines the request for Naproxen IS NOT medically necessary.

Retrospective Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with low back pain. The request is for RETROSPECTIVE TRAMADOL 50MG #90. Physical examination to the lumbar spine on 06/02/15 revealed tenderness to palpation over the L4-S1 spinous processes. Range of motion was limited in all planes with pain. Patient's diagnosis, per Request for Authorization form dated 06/25/15 includes lumbar sprain/strain. Patient's medications, per 02/26/15 progress report include Naproxen, Protonix, Cyclobenzaprine, and transdermal cream. Patient is working regular duties. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS,

MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 13 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 treater does not specifically discuss this request. Review of the medical records provided indicates that the patient has been utilizing Tramadol since at least 04/07/15. However, there are no discussions in regards to this medication's impact on the patient's pain and function. No before and after pain scales were used for analgesia. No ADL's were discussed showing specific functional improvement. While UDS test results are current and consistent with patient's medication, there were no discussions on adverse effect and other measures of aberrant behavior either. Outcome measures were not discussed and no validated instruments were used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.