

Case Number:	CM15-0174149		
Date Assigned:	09/16/2015	Date of Injury:	08/06/2013
Decision Date:	10/26/2015	UR Denial Date:	08/10/2015
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, 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 24-year-old male with an industrial injury dated 05-06-2013. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain and left sacroiliac joint dysfunction. Treatment consisted of diagnostic studies, prescribed medications, chiropractic treatment, physiotherapy, home exercise program and periodic follow up visits. Medical records (5-06-2015) indicate ongoing lower back pain with radiation to the left buttock, hip and posterior thigh when he bends, twist, lift, sits for over five minutes or when he rises from a sitting position. The injured worker rated pain a 7 out of 10. Physical exam revealed pain, tenderness, muscle spasm, and restricted range of motion in the left S1, hip and lumbar region. According to the progress note dated 07-30-2015, the injured worker reported continued pain in the low back with radiation to the posterior aspect of the left leg and popliteal region. The injured worker rated pain a 6 out of 10 without medication and a 4 out of 10 with medication. Objective findings (06-04-2015 to 07-30-2015) revealed guarded non-antalgic gait, pain with back range of motion, good lower extremity range of motion and strength, and decreased reflexes in the lower extremity. Urine drug screen dated 12-05-2014 was inconsistent with prescribed medication for Tramadol. Medical records indicate that the injured worker has been prescribed Tramadol since at least 12-05-2014 and Naproxen since at least 01-06-2015. The treating physician prescribed Tramadol 50mg #90 and Naproxen 500mg #60, now under review. Utilization Review (UR) determination on 08-10-2015 denied the request for Tramadol 50mg #90 and Naproxen 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): Opioids for chronic pain.

Decision rationale: CA MTUS states that Tramadol is a centrally-acting synthetic opioid recommended for moderate to severe pain. Guidelines state that patients on long-term opioids should be monitored for the "4 A's," analgesia, functional status, appropriate use and aberrant behavior. In this case, the 4 A's parameters have not been satisfied. There has been minimal change in the pain scores. Functional gains have not been documented. Therefore, the request is not medically necessary or appropriate.

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS Guidelines state that NSAIDs are a traditional first-line treatment to reduce pain so activity and functional restoration can resume. They are recommended at the lowest dose for the shortest time period in patients with moderate to severe pain. Long-term use is not recommended due to cardiovascular and GI side effects. This patient has had minimal changes in the pain score with her medications. Continued use is not indicated. Therefore, the medical necessity is not necessary.