

Case Number:	CM15-0178265		
Date Assigned:	09/18/2015	Date of Injury:	03/23/2006
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 52 year old female, who sustained an industrial injury on 03-23-2006. The injured worker was diagnosed as having chronic pain syndrome. On medical records dated 07-27-2015, subjective complaints were noted as pain in neck, back and right shoulder. Objective findings were noted as neck having painful and decreased range of motion at 75% and back with decrease painful range of motion 30%. The injured worker was noted to be able to return to work with modification. Treatment to date included physical therapy, acupuncture, cognitive behavior therapy, home exercise program, injections and medication. Pain was noted as 8 out of 10. On medical record 06-29-2015 pain was noted as 8 out of 10 before medication and 7 out of 10 after medication. Current medication was listed Pamelor, Relafen and Tramadol. The Utilization Review (UR) was dated 08-18-2015. The UR submitted for this medical review indicated that the request for Relafen and Tramadol was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg quantity 60: Overturned

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), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in March 2006 and is being treated for neck, back, and right shoulder pain as the result of a slip and fall. When seen, pain was rated at 8/10 and medications were not providing any pain relief. Prior treatments were reviewed. Physical examination findings included decreased and painful neck and back range of motion. Tramadol was continued and her Relafen dose was increased. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen (nabumetone) of 2000 mg/day. In this case, the dose was increased when medications were not effective. The requested dosing is within guideline recommendations and medically necessary.

Tramadol 50mg quantity 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): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in March 2006 and is being treated for neck, back, and right shoulder pain as the result of a slip and fall. When seen, pain was rated at 8/10 and medications were not providing any pain relief. Prior treatments were reviewed. Physical examination findings included decreased and painful neck and back range of motion. Tramadol was continued and her Relafen dose was increased. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.