

Case Number:	CM15-0037011		
Date Assigned:	03/05/2015	Date of Injury:	10/29/2013
Decision Date:	05/18/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/27/2015

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, Illinois

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:

DISCLAIMER: Much of the records, except the utilization review document were written in illegible handwriting with a lot of abbreviations. The injured worker is a 24 year old male, who sustained an industrial injury on cumulative trauma 10/29/13 through 10/29/14. The injured worker has complaints of mid and low back pain, left shoulder pain, bilateral wrist pain, left hip pain, sleep loss secondary to pain and gastrointestinal irritation secondary to medication use. The diagnoses have included lumbar sprain; left sacroiliac joint sprain; thoracolumbar sprain/strain; left shoulder sprain/strain and impingement and bilateral wrist sprain/strain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine and left shoulder; acupuncture; chiropractic therapy; bio-behavior therapy and medications. The request was for ultram, anaprox and fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-81.

Decision rationale: The injured worker sustained a work related injury on 10/29/13 through 10/29/14. The medical records provided indicate the diagnosis of lumbar sprain; left sacroiliac joint sprain; thoracolumbar sprain/strain; left shoulder sprain/strain and impingement and bilateral wrist sprain/strain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine and left shoulder; acupuncture; chiropractic therapy; bio-behavior therapy and medications. The medical records provided for review do not indicate a medical necessity for Ultram 50mg #120. Ultram (Tramadol) is a synthetic opioid affecting the central nervous system and it is not recommended as a first-line oral analgesic substance by the DEA. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. It is not clear from the records reviewed which stage of opioid treatment the injured worker is in. The MTUS recommends such stages, Treatment Plan; Initiating Therapy; On-Going Management; When to Discontinue Opioids; each of these stages has different requirements. Nevertheless the records provided do not indicate the injured worker has an opioid contract, or is being monitored for pain control, adverse effects, activities of daily living, aberrant behavior. Therefore, the request is not medically necessary.

Anaprox 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 6; 67-72.

Decision rationale: The injured worker sustained a work related injury on 10/29/13 through 10/29/14. The medical records provided indicate the diagnosis of lumbar sprain; left sacroiliac joint sprain; thoracolumbar sprain/strain; left shoulder sprain/strain and impingement and bilateral wrist sprain/strain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine and left shoulder; acupuncture; chiropractic therapy; bio-behavior therapy and medications. The medical records provided for review do not indicate a medical necessity for Anaprox 550mg #60. Anaprox contains Naproxen, an NSAID. The NSAIDs are recommended at the lowest dose for a short period as a second-line agent after acetaminophen for the treatment of acute exacerbations of back pain. The documents reviewed lack information on prior response to acetaminophen; how long the injured worker has been taking the medication, and the outcome of treatment. Therefore, the request is not medically necessary. The MTUS recommends a review of past treatment as a necessary tool in determining subsequent treatment.

Fexmid 10mg #60: 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 Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on 10/29/13 through 10/29/14. The medical records provided indicate the diagnosis of lumbar sprain; left sacroiliac joint sprain; thoracolumbar sprain/strain; left shoulder sprain/strain and impingement and bilateral wrist sprain/strain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine and left shoulder; acupuncture; chiropractic therapy; bio-behavior therapy and medications. The medical records provided for review do not indicate a medical necessity for Anaprox 550mg #60. Anaprox contains Naproxen, an NSAID. The NSAIDs are recommended at the lowest dose for a short period as a second-line agent after acetaminophen for the treatment of acute exacerbations of back pain. The documents reviewed lack information on prior response to acetaminophen; how long the injured worker has been taking the medication, and the outcome of treatment. Therefore, the request is not medically necessary. The MTUS recommends a review of past treatment as a necessary tool in determining subsequent treatment.