

Case Number:	CM15-0060330		
Date Assigned:	04/06/2015	Date of Injury:	10/23/2012
Decision Date:	05/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/30/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 56-year-old female who sustained an industrial injury on October 23, 2012. The injured worker was diagnosed with chronic low back pain, neck pain, cervicogenic headaches and depression. Significant medical history includes cardiac disease, recent mild myocardial infarction (unconfirmed), hypertension and morbid obesity. Treatment to date has included diagnostic testing, H Wave therapy, psychological evaluation and support, transforaminal epidural steroid injection (ESI) of the lumbar area (Sept 2014) and medications. According to the treating physician's progress, report on February 25, 2015 the injured worker continues to experience pain and was evaluated for medication refills. Subjectively the injured worker has difficulty when walking long distances and her leg drags afterwards. Objective evaluation noted vital signs, weight of 263 pounds and in no apparent distress. There was no pain assessment. The pain management examination in October 2014 noted the injured worker had excellent pain relief since the September 14, 2014 epidural steroid injection (ESI) and was more active, however at that time was presenting with new radicular symptoms in the right lower extremity to the foot. Current medications are listed as Tramadol ER, Naproxen, Norco, Zanaflex, Ambien, Omeprazole and Lidoderm Patches. Treatment plan consists of continuing current medications regimen, appointment in 6 weeks and the current request for Tramadol ER and Naproxen refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving opioid medications since at least September 2014 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request should not be medically necessary.

Naproxen 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 Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state, "Anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis, it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving naproxen since at least September 2014 and has not obtained analgesia. The duration of treatment increases the risk of adverse effects with little benefit. The request should not be medically necessary.