

Case Number:	CM15-0068636		
Date Assigned:	04/16/2015	Date of Injury:	07/10/2013
Decision Date:	05/27/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 (IW) is a 64 year old male who sustained an industrial injury on 07/10/2013. He reported bilateral low back pain, right knee pain, left knee pain, probable post-traumatic anxiety and probable post traumatic aggravated hypertension. The injured worker was diagnosed as having degenerative disc disease, lumbar spine; lumbar neuritis/radiculitis, and acquired/ isthmie spondylolisthesis. Treatment to date has included chiropractic treatments, medication and rest. The pain responded positively to heat, ice and rest. Currently, the injured worker complains of low back pain, bilateral hip, upper leg, knee, and lower leg pain, bilateral ankle and foot pain, bilateral foot and great toe pain, numbness, tingling and weakness in legs and feet, and tingling in arms and hands. The IW also is experiencing symptoms of depression, anxiety, anger, sadness, impatience, frustration, sleeping problems, sleepiness, change in sexual function, loss of balance, difficulty walking, and limping due to pain in bilateral lower extremities. The plan of treatment includes the medications of Anaprox 550mg, and Ultram 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70, 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Anaprox (naproxen sodium) is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into both legs, knee pain that went up and down both legs, headaches, problems sleeping, and anxious mood. There was no discussion describing improved pain intensity, function, and/or quality of life with the specific use of this medication or providing an individualized risk assessment for its use. In the absence of such evidence, the current request for ninety tablets of Anaprox (naproxen sodium) 550mg is not medically necessary.

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70, 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Ultram (tramadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into both legs, knee pain that went up and down both legs, headaches, problems sleeping, and anxious mood. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no description of improved pain intensity or function with this medication, report of how often this medication was needed and taken, documented exploration of potential negative effects, or detailed individualized risk assessment. In the absence of such evidence, the current request for 120 tablets of Ultram (tramadol) 50mg as prescribed on the date of service 02/19/2015 is not medically necessary. While the Guidelines support the use of an

individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.