

Case Number:	CM15-0075829		
Date Assigned:	04/27/2015	Date of Injury:	04/08/2009
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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:

The injured worker is a 35 year old male, who sustained an industrial injury on April 8, 2009. The injured worker was diagnosed as having facet arthropathy lumbar spine and herniated nucleus pulposus (HNP) of the lumbar spine L2-L3 and L3-L4 with mild to moderate stenosis. Treatment to date has included lumbar fusion 2010, lumbar discectomy 2009, and medication. Currently, the injured worker complains of ongoing back and bilateral leg complaints of numbness, pain, and tingling, with severe headaches and disturbed sleep. The Primary Treating Physician's report dated March 2, 2015, noted the injured worker reported his symptoms were worsening with time. The injured worker's current medications were listed as Norco, Gabapentin, and Voltaren ER. Physical examination was noted to show tenderness to palpation of the lumbar spine extending into the right greater than left paraspinal region, with diminished sensation in the right L4, L5, and S1 dermatomes. The straight leg raise test was noted to cause increased symptoms to his feet, with a positive Lasegue maneuver bilaterally. The treatment plan was noted to include a continued request for authorization for removal of hardware, exploration of the fusion, and possible revision fusion at L4-L5, a request for authorization for an internal medicine consultation, a trial of Ultracet with Norflex ER continued, and requests for authorization for Diclofenac Sodium ER and Tramadol/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium ER 100mg #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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71. Decision based on Non-MTUS Citation Appendix A Official Disability Guidelines (ODG) ODG Workers' Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on April 8, 2009. The medical records provided indicate the diagnosis of facet arthropathy lumbar spine and herniated nucleus pulposus (HNP) of the lumbar spine L2-L3 and L3-L4 with mild to moderate stenosis. Treatment to date has included lumbar fusion 2010, lumbar discectomy 2009, and medication. The medical records provided for review do not indicate a medical necessity for Diclofenac sodium ER 100mg #60. Diclofenac is only recommended by the MTUS for the treatment of osteoarthritis and ankylosing spondylitis. It belongs to the Official Disability Guidelines list of "N" drugs that require utilization review and explanation why first line drugs are not being used. The request is not medically necessary.

Tramadol/Apap 37.5/325mg #90: 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 Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on April 8, 2009. The medical records provided indicate the diagnosis of facet arthropathy lumbar spine and herniated nucleus pulposus (HNP) of the lumbar spine L2-L3 and L3-L4 with mild to moderate stenosis. Treatment to date has included lumbar fusion 2010, lumbar discectomy 2009, and medication. The medical records provided for review do not indicate a medical necessity for Tramadol/Apap 37.5/325mg #90. 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. The medical records indicate the use of opioids date back to 10/2014, but there has been no overall improvement; the injured worker is not well monitored for pain control, adverse effects activities of daily living and aberrant behavior. The request is not medically necessary.