MAXIMUS Federal Services

Case Number:	CM15-0076463		
Date Assigned:	04/28/2015	Date of Injury:	12/03/2010
Decision Date:	12/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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, West Virginia, Pennsylvania
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 27 year old male who sustained an industrial injury on 12/03/2010. In the provider notes of 03-06-2015, the injured worker complains of back pain radiating down the low back, left leg and a lower backache. He rates his pain with medications as a 4.5 on a scale of 1-10, without medications as a 7.5 on a scale of 1-10. Quality of sleep is poor and his activity level was reported as decreased. He denied new problems or side effects with his medications. On exam, he does not show signs of intoxication or withdrawal. He has a slowed antalgic gait but does not use assistive devices. Range of motion is restricted in the lumbar spine in all planes. The paravertebral muscles are tender to palpation and a tight muscle band is noted bilaterally. No spinal process tenderness is noted. Heel and toe walk are normal. Lumbar facet loading is positive bilaterally. Straight leg raising sign is positive bilaterally and FABER test is negative. Motor exam is unremarkable. Light touch sensation is normal in the extremities. The exam is consistent with chronic lower back pain, sprain-strain lumbar, lumbar degenerative disc disease, and lumbar spondylosis status post lumbar laminectomy surgery at the L3-L5 levels, performed 12-28-2010. Revision surgery at the left L4-L5 performed 08-06-2013 with persistent lower back pain and periodic referred left leg pain. Medications include Percocet (since 07-02-2014), Naprosyn (since 07-02-2014), and Tramadol (since 07-02-2014). A urine drug screen on 10-17-2014 was consistent with current medications. A request for authorization was submitted for: 1. Naprosyn 500 mg, sixty count with no refills. 2. Tramadol HCL 50 mg, thirty count with no refills. 3. Tramadol ER HCL 150 mg, sixty count with no refills. 4. Percocet 5/325 mg, thirty count with no refills. A utilization review decision 04/13/2015 certified the Naprosyn, non-certified the Percocet, and non-certified the Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50 mg, thirty count with no refills: 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.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, results of drug testing were not discussed. Therefore, the request for Tramadol HCL 50 mg #30 is not medically necessary.

Tramadol ER HCL 150 mg, sixty count with no refills: 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.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, results of drug testing were not discussed. Therefore, the request for Tramadol ER HCL 150 mg #60 is not medically necessary.

Percocet 5/325 mg, thirty count with no refills: 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.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, results of drug testing were not discussed. Therefore, the request for Percocet 5/325 mg #30 is not medically necessary.