

Case Number:	CM15-0077853		
Date Assigned:	04/29/2015	Date of Injury:	06/23/2012
Decision Date:	06/01/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old female, who sustained an industrial injury on 06/22/2012. She has reported subsequent neck and back pain and was diagnosed with cervical and thoracic strain and L5 and S1 disc bulge with annular tear. Treatment to date has included massage therapy. The only medical documentation submitted is a PR-2 dated 03/16/2015. During this visit the injured worker complained of stabbing neck pain that was rated as 3/10. Objective findings were notable for lumbar paraspinal muscle tenderness, muscle spasm and guarding and tightness of the hamstrings bilaterally. A request for authorization of Motrin and Tramadol was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90 with 3 refills: Overturned

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 Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 03/16/15 sole progress report provided by treating physician, the patient presents with pain to neck (rated 3/10), back and upper extremity. The request is for MOTRIN 800MG #90 WITH 3 REFILLS. RFA not provided. Patient's diagnosis on 03/16/15 included cervical strain, L5-S1 disc bulge with annular tear, thoracic strain, insomnia and sexual dysfunction. Physical examination on 03/16/15 revealed lumbar paraspinal muscle tenderness, muscle spasm and guarding and tightness of the hamstrings bilaterally. Treatment to date has included massage therapy. Current medications not available. The patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treating physician is an orthopedic surgeon, and per 03/16/15 progress report, the patient was last seen on 03/28/14. Treater states "Motrin will be utilized for anti-inflammatory effect...", and MTUS guidelines were quoted. It is not known when Motrin was initiated, and there is no documentation of improvement in function due to medications. However, the patient suffers from chronic pain for which Motrin is indicated. Continuing Motrin at the treater's discretion appears reasonable. Therefore, the request IS medically necessary.

Ultram 50mg #90 with 3 refills: 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 CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: Based on the 03/16/15 sole progress report provided by treating physician, the patient presents with pain to neck (rated 3/10), back and upper extremity. The request is for ULTRAM 50MG #90 WITH 3 REFILLS. RFA not provided. Patient's diagnosis on 03/16/15 included cervical strain, L5-S1 disc bulge with annular tear, thoracic strain, insomnia and sexual dysfunction. Physical examination on 03/16/15 revealed lumbar paraspinal muscle tenderness, muscle spasm and guarding and tightness of the hamstrings bilaterally. Treatment to date has included massage therapy. Current medications not available. The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment

Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treating physician is an orthopedic surgeon, and per 03/16/15 progress report, the patient was last seen on 03/28/14. Per 03/16/15 progress report, treater states "I will prescribe the patient medication to decrease her symptoms. Ultram will be utilized for pain....," and MTUS guidelines were quoted. In this case, treater has not stated how Ultram reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, if treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. There is no documentation that patient has trialed other oral analgesics. Tramadol is not recommended as a first-line oral analgesic, according to MTUS. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.