

Case Number:	CM15-0085933		
Date Assigned:	05/07/2015	Date of Injury:	04/07/2002
Decision Date:	06/24/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female patient who sustained an industrial injury on April 7, 2002. The diagnoses include lumbar strain and chronic back pain. She sustained the injury due to unloading totes at work. Per the medical evaluation dated March 3, 2015 she had complaints of back pain at 5/10 with radiation to the right leg below the knee associated with weakness and decreased sensation. Her pain was aggravated by walking, prolonged sitting and lying down and her pain was relieved with medications. Physical examination revealed no tenderness to palpation of the back and a normal range of motion. She reported that she had moderate pain relief with Naprosyn and reported that her pain was quite controlled with Tramadol and Naprosyn. The medications list includes tramadol, naprosyn and ranitidine. She has had MRI of the lumbar spine on September 15, 2014 which revealed bulging discs at L3-L4, L4-L5 and L5-S1 with an indication of possible impingement on the L5 nerve roots bilaterally. Previous treatment included rest, medications and surgical intervention. Details regarding surgery were not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 refills 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol 50mg #120 refills 6. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided she had chronic back pain at 5/10 with radiation to the right leg below the knee associated with weakness and decreased sensation. She has had a lumbar MRI with abnormal findings. Previous treatment included surgical intervention. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. She is not taking any other more potent opioids. She is already taking an NSAID (naproxen). The request for Tramadol 50mg #120 refills 6 is medically appropriate and necessary to use as prn during acute exacerbations.

Naproxen 500mg #180 refill 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,68,70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Naproxen 500mg #180 refill 1. Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic back pain at 5/10 with radiation to the right leg below the knee associated with weakness and decreased sensation. She has had a lumbar MRI with abnormal findings. Previous treatment included surgical intervention. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen 500mg #180 refill 1 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

