MAXIMUS Federal Services

Case Number:	CM15-0093727		
Date Assigned:	05/20/2015	Date of Injury:	04/25/2006
Decision Date:	06/19/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/14/2015

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: Connecticut, California, Virginia
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 42 year old male, who sustained an industrial/work injury on 4/25/06. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbago. Treatment to date has included medication, physical therapy sessions, epidural steroid injections, and transcutaneous electrical nerve stimulation (TENS) unit. MRI results were reported on 4/22/14 of the lumbar spine that revealed multilevel degenerative changes with variable degrees of neural foraminal stenosis at multiple levels. Currently, the injured worker complains of chronic low back pain that radiated down the left leg with numbness and tingling. Per the primary physician's progress report (PR-2) on 3/10/15, examination revealed mild to moderate tenderness to palpation of the paraspinal muscles and full but painful range of motion and strength of 5/5. Current plan of care included Retro Tramadol 50mg, Retro Naproxen Sodium 550mg, and Retro Carisoprodol 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol 50mg #30 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable.
Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of evidence to support functional improvement on the medication, the request is not medically necessary.

Retro Naproxen Sodium 550mg #180 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

Decision rationale: The MTUS recommend NSAIDs as a treatment option for short-term symptomatic relief. Besides the well-documented side effects of NSAIDs (to include gastrointestinal complications, cardiovascular risks, etc.), there are other less well known effects of NSAIDs that must be considered, including possible delayed healing in the soft tissues, including muscles, ligaments, tendons, and cartilage. Given the chronicity of pain in this worker, with lack of objective evidence to support functional and pain improvement on the medication, the quantity of medication requested is not medically necessary without further evidence of efficacy/benefit outweighing the potential risks of long-term treatment.

Retro Carisoprodol 350mg #60 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 65.

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. This patient has taken the medication chronically with no objective evidence of improvement. This medication is not recommended for longer than 2-3 weeks. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication previously, the risks of chronic use outweigh the benefits, the request is not medically necessary.