

Case Number:	CM14-0144498		
Date Assigned:	09/12/2014	Date of Injury:	05/07/2009
Decision Date:	10/23/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male who reported an injury on 05/07/2009. The mechanism of injury was the injured worker was crouched down at the base of a vertical 4 by 4 post with his right leg drawn forward to his chest holding a lower end on a jack. The bottom of the 4 by 4 he was holding slipped off the head of the jack and the trestle fell down hitting the injured worker. The injured worker lost consciousness. The injured worker was noted to have an MRI of the lumbar spine and electrodiagnostics. The injured worker's medication history as of 05/2013 included naproxen 1 to 2 per day and tramadol 50 mg 1 at bedtime for pain. The documentation of 08/01/2014 revealed the injured worker's medications included lido topical gel, naproxen 500 mg, tramadol 37.5 mg/acetaminophen 325 mg, and tramadol 50 mg tablets. The prior treatments included rest, medications, extensive physical therapy in the water and on land as well as chiropractic care. The surgical history was stated to be none. The physical examination revealed the injured worker had significant right hip pain with movement or weight bearing. The injured worker had difficulty rising from a chair. The injured worker had an antalgic gait and favored his right lower extremity. The injured worker was unable to toe walk because of right lower extremity pain and weakness. The injured worker's pelvis was asymmetric with right hemipelvis higher than the left. The treatment plan included a continuation of the medications. The injured worker had injection therapy in his right hip. The injured worker had complaints of right hip, mid back and neck pain. The pain was constant. The quality of pain was sharp. The aggravating factors included weight bearing activities such as prolonged standing or walking. There was a Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60 with 1 refill: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to meet the above criteria. The duration of use was since at least 2013. There was a lack of documentation indicating a necessity for a refill without re-evaluation. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naproxen 500mg #60 With 1 Refill is not medically necessary.

Tramadol 50mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain ongoing management, Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommended opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2013. There is a lack of documentation meeting the above criteria. The request as submitted, failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Tramadol 50mg #60 with 3 refills is not medically necessary.