

Case Number:	CM13-0013629		
Date Assigned:	11/06/2013	Date of Injury:	09/17/2003
Decision Date:	02/11/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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.

CLINICAL CASE SUMMARY

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

Patient is a 36-year-old with a date of injury of 09/17/2003. Patient has diagnoses of lumbar radiculopathy, left shoulder pain and morbid obesity. According to progress report dated 07/15/2013 by [REDACTED], patient continues to complain of left shoulder and low back pain that radiates to bilateral lower extremities. On physical examination, patient's gait was antalgic and slow and assisted with the use of a cane. Lumbar spine ROM revealed moderate reductions. Spinal vertebral and lumbar myofascial tenderness was also noted. Monthly periodic progress reports dated from 06/18/2012 indicate patient is a long term user of opiates and alternative analgesics have been ineffective alone or not well tolerated. Each progress report indicates patient has average pain of 7-9/10 with medications. Request is for refill of Tramadol, Flexeril, Morphine sulfate, and Norco. UR dated 07/26/2013 modified certification for Tramadol from #60 to #21 and denied Norco and Flexeril. Morphine sulfate was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 80.

Decision rationale: The Physician Reviewer's decision rationale: Patient has diagnoses of lumbar radiculopathy, left shoulder pain and morbid obesity. Medical records show patient is a long term user of opiates. On 08/10/2012, patient was prescribed Tramadol for patient's chronic pain. Treater does not discuss why Tramadol was prescribed when patient is already taking Norco. Medical records show patient has been prescribed Norco since 06/18/2012. The Chronic Pain Medical Treatment Guidelines requires consideration and trial of reasonable alternatives and that the success of an opiate be assessed. In this case, the treater does not discuss how the patient is responding to Norco, and does not address any likelihood that the patient would reasonably respond to Tramadol. Furthermore, for all opiates, titration is recommended starting with the smallest dose possible and checking for response. The request for Tramadol 50 mg, 60 count, is not medically necessary or appropriate

Norco 10/325 mg, 90 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 88, 89.

Decision rationale: The patient has diagnoses of lumbar radiculopathy, left shoulder pain and morbid obesity. Patient current medications are Norco, Morphine sulfate, Tramadol, and Flexeril. Patient has been prescribed Norco since 06/18/2012. Monthly progress reports, dated 06/12/2012 to 07/15/2013, state patient's pain level is 7-9/10 with medications. Report dated 03/20/2013 states patient is able to increase ADL (activities of daily living) with opioids, but only with increased intake of 3 Norco per day for break though pain. This 3/20/13 report, out of 13 progress reports reviewed, is the only reference made in regards to patient's pain reduction with Norco use. Even so, the treater does not go into any detail regarding the specifics of ADL's or other functional issues such as quality of life, return to work, etc. The Chronic Pain Medical Treatment Guidelines have specific recommendations for long-term users of Opioids (6 months or more). Pain should be assessed at each visit and functioning should be measured at least once every 6 months, using a numerical scale or validated instrument. In this case, the treater does not provide a pain assessment during each visit, nor is a numerical scale used to quantify function, nor are there any indications of before/after medication functional levels. The Chronic Pain Medical Treatment Guidelines also requires pain and functional improvements to be compared to baseline to measure efficacy of opioids. Under outcome measurements, the Chronic Pain Medical Treatment Guidelines requires documentation of current pain; average pain; least pain; duration of relief with medication; time it takes for medication to take effect, etc. None of these informational elements are provided. The request for Norco 10/325 mg, 90 count, is not medically necessary or appropriate.

Flexeril 10mg, 90 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: : Medical records show patient has been taking Soma since 06/18/2012. On 03/25/2013 patient was prescribed Flexeril, also a muscle relaxant. On progress report dated 07/15/2013, treater requests a refill for Flexeril. The Chronic Pain Medical Treatment Guidelines page 64 states, cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The treater has prescribed Flexeril at #90 and records indicated patient has been taking this medication since 03/25/2013. The Chronic Pain Medical Treatment Guidelines does not recommend long-term use of Flexeril. The Chronic Pain Medical Treatment Guidelines recommends using 3-4 days for acute spasms and no more than 2-3 weeks. The request for Flexeril 10mg, 90 count, is not medically necessary or appropriate