

Case Number:	CM13-0019655		
Date Assigned:	10/11/2013	Date of Injury:	02/12/2005
Decision Date:	01/24/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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. 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 patient is a 50-year-old male who reported a work related injury on 02/12/2005 as a result of strain to the lumbar spine. Subsequently, the patient presents for treatment of the following diagnoses: a musculoligamentous sprain/strain, herniated nucleus pulposus L5-S1 with right lower extremity L5-S1 radiculopathy, and chronic low back pain. The clinical note dated 07/08/2013 reports the patient was seen for followup under the care of [REDACTED]. The provider documents the patient reports continued persistent low back pain with lower extremity numbness and tingling to the right. The provider documents, upon physical exam of the patient, normal gait without assistive devices, 5/5 motor strength noted throughout the bilateral lower extremities, and mild loss of sensation to the lateral thigh. The provider documented a comprehensive qualitative urine drug screen to evaluate for medication management. The most recent urine drug screen submitted for review was dated 04/18/2013, which evidenced the patient tested positive for both hydrocodone as well as cannabinoids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: The clinical documentation submitted for review reports the patient has been recommended to begin titration of both these medications on multiple occasions for request for this medication as the clinical documentation submitted for review fails to evidence the patient's specific reports of efficacy with his medication. In addition, the clinical notes evidence the patient tested positive for marijuana, which evidences aberrant drug behaviors, which, per guidelines, is indicative of discontinuation of opioid therapies. In addition, California Chronic Pain Medical Treatment Guidelines indicate that Norco is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain. The guidelines also state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Given all of the above, the request for Norco 5/325mg #60 with 2 refills is neither medically necessary nor appropriate.

Protonix 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The clinical documentation submitted for review lacks evidence to support the long term necessity of the patient's utilization of this medication. The clinical notes did not document that the patient presents with any gastrointestinal pain complaints indicative of utilization of Protonix. The clinical notes did not indicate the patient was utilizing an anti-inflammatory with adverse side effects noted, or that the patient expressed gastrointestinal distress. The guidelines indicate that the use of a proton pump inhibitor is supported for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. Given all of the above, the request for Protonix 20mg #60 with 2 refills is neither medically necessary nor appropriate.

Tramadol 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

Decision rationale: The clinical documentation submitted for review reports the patient has been recommended to begin titration of both these medications on multiple occasions for request for

this medication as the clinical documentation submitted for review fails to evidence the patient's specific reports of efficacy with his medication. In addition, the clinical notes show that the patient tested positive for marijuana, which evidences aberrant drug behaviors, which, per guidelines, is indicative of discontinuation of opioid therapies. In addition, California Chronic Pain Medical Treatment Guidelines indicate that tramadol is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain. The guidelines also state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Given all of the above, the request for tramadol 50mg #60 with 2 refills is neither medically necessary nor appropriate.