

Case Number:	CM13-0038692		
Date Assigned:	12/18/2013	Date of Injury:	06/19/1997
Decision Date:	03/17/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/01/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice 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. 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 51 year old injured worker with date of injury 6/19/97 with related chronic low back pain and associated right leg pain. He reports frustration with not being able to perform even simple tasks without triggering muscle spasms. He also reports extreme GERD symptoms related to the oral pain medications. The patient has tried H2 blockers and various PPI's in the past without cessation of symptoms. The low back pain is claimed to have gotten worse since the removal of a spinal stimulator, and oral medications have been the only effective treatment for the pain. Other treatments including life style changes, dietary, changes, physical therapy, and cognitive therapies have been attempted. The injured worker was enrolled in a functional restoration program but dropped out due to transportation issues that could not be resolved. Imaging studies were unavailable for review. The date of UR decision was 9/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ambien 10 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic.

Decision rationale: According to the Official Disability Guidelines, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Upon review of the submitted medical records, there was no complaint of insomnia from the injured worker. The request for 1 prescription of Ambien 10 mg #30 with 3 refills is not medically necessary and appropriate.

1 prescription of Kadian 100mg cap ER #60: 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): s 78, 93.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines pg.78 regarding on-going management of opioids "Four 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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal some documentation to support the medical necessity of Kadian and documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The submitted records indicate that the use of medications reduces the patient's pain from 9/10 at worst, to between 5/10 and 7/10. The medical records also address the patient's severe intractable GERD symptoms secondary to oral pain medications. Medical records reflect efforts to rule out aberrant behavior (e.g. UDS, opiate agreement, no requests for early refills) were made to assure safe usage. However, medical notes do not appropriately review functional status improvement. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, which have not been addressed by the treating physician in the documentation available for review. The request for 1 prescription of Kadian 100mg cap ER #60, is not medically necessary and appropriate.

1 prescription of Tramadol ER 100mg, #60 with 3 refills: 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): s 78, 91.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines pg.78 regarding on-going management of opioids "Four 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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal some documentation to support the medical necessity of Tramadol and documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The submitted records indicate that the use of medications reduces the patient's pain from 9/10 at worst, to between 5/10 and 7/10. The medical records also address the patient's severe intractable GERD symptoms secondary to oral pain medications. Medical records reflect efforts to rule out aberrant behavior (e.g. UDS, opiate agreement, no requests for early refills) were made to assure safe usage. However, medical notes do not appropriately review functional status improvement. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, which have not been addressed by the treating physician in the documentation available for review. The request for 1 prescription of Tramadol ER 100mg, #60 with 3 refills is not medically necessary and appropriate.