MAXIMUS Federal Services

Case Number:	CM13-0049918		
Date Assigned:	12/27/2013	Date of Injury:	12/24/2007
Decision Date:	05/19/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/08/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, DC, Florida, and Maryland. 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:

Patient is a 52-year-old male baker who sustained a work-related injury on 12/24/2007 following a fall. Patient sustained multiple contusions to the lower extremities and injury to the right knee, cervical, thoracic, lumbar spine and psyche. He was given open future medical care to include injections, medications, physician visits, and additional surgeries. As per his last evaluation dated 8/5/13, patient complains of 8/10 pain in the back and right ankle, which is partially improved with medications and some constipation and heartburn from the current medications. Examination reveals he does have pain, greater on lumbar extension than flexion and more to the right than left side; palpable spasms are also noted over the facet joints, spring testing is noncontributory, though there was some groin pain more on the right side. There was also some tenderness over the sacroiliac region and forced hip twisting was painful more on the right side. Current diagnosis: -1) lumbar pain, 2) knee pain, 3) lumbar strain or sprain, and 4) chronic pain syndrome. Medications: - metformin, Simvastatin, Mobic, Tizanidine, Tramadol, and Omeprazole, Orphenadrine, Laxacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS, CRITERIA FOR USE..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS, CRITERIA FOR USE Page(s): 77, 85. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TWC- PAIN (CHRONIC) (UPDATED 3/18/2014), OPIOIDS, CRITERIA FOR USE.

Decision rationale: With respect to Tramadol, the guidelines do not recommend this medication as well as other opioids as a first-line therapy for neuropathic pain. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). Also there is lack of documented improvement in function or reduction in pain symptoms with the use of this medication. ODG recommends the lowest possible dose should be prescribed to improve pain and function. In this patient, response to past use was not objectively documented, including evidence to show compliance with medication regimen or any aberrant drug behaviors by performing random urine drug screening. The guideline stipulates that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life, and none of these were documented in this patient. Also the guidelines states that failure to respond to a time-limited course of opioids has led to suggestion of reassessment and consideration of alternative therapy including consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Based on the foregoing protocols and guidelines, the request for Tramadol 50 mg #90 is not medically necessary.

LAXACIN 8.6 MG #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS, CONSTIPATION, Page(s): 77.

Decision rationale: With respect to the request for Laxacin, the guidelines did not specifically recommend this medication, but did indicate that if prescribing opioids has been determined to be appropriate, then ODG recommends that Prophylactic treatment of constipation should be initiated. The guideline further stated that about 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. Since continued use of opioid is not recommended for this patient, therefore the request for Laxacin 8.6 mg #100 is not medically necessary.