

Case Number:	CM14-0016399		
Date Assigned:	04/11/2014	Date of Injury:	06/25/2003
Decision Date:	06/03/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 64-year-old male who was injured on June 25, 2003. The patient continued to experience low back pain and knee pain. Physical examination was notable for lumbar paraspinous spasm and difficulty with toe and heel walking. MRI (magnetic resonance imaging) of the lumbosacral spine dated May 31, 2012 reported multi-level loss of intervertebral disc height, and severe bilateral facet arthropathy at L4-5. The diagnoses included L3-L5 spondylolisthesis, status post laminectomy at L3-4 and L4-5, and status post right knee arthroscopy, and status post left knee arthroscopy. The treatment included surgical interventions and medications. On December 30, 2013, the patient stated that his symptoms continued to increase. The requests for authorization for Norco 10/325 # 90, Prilosec 20 mg # 30, and Ultram 50 mg # 90 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. The criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs) have failed. In this case, the patient had been using opioids since at least February 2013 and had not obtained analgesia. In addition, there is no documentation that the patient had signed an opioid contract or that he was having urine drug testing. The criteria for chronic opioid use have not been met. The request is not certified.

ONE PRESCRIPTION OF PRILOSEC 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section non-steroidal anti-inflammatory drugs (NSAIDs), gastroint.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal (GI) symptoms & cardiovascular risk, pg. 68.

Decision rationale: Prilosec is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drug (NSAID) (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request is not certified.

ONE PRESCRIPTION OF ULTRAM 50MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-96.

Decision rationale: Ultram is the drug Tramadol, a synthetic opioid affecting the central nervous system. It has several side effects which include increasing the risk of seizure in patients taking serotonin-specific reuptake inhibitor (SSRIs), tricyclic antidepressants (TCAs), and other opioids. The MTUS Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. The criteria for use include establishment of a treatment plan, determination if pain is

nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs) have failed. In this case the patient had been taking Tramadol since at least February 2013. The duration of treatment in this case surpasses the recommended short-term duration. In addition analgesia has not been obtained. The patient has increased risk of adverse effects without the analgesic benefit of the medication. The request is not certified.