MAXIMUS Federal Services

Case Number:	CM14-0113976		
Date Assigned:	09/18/2014	Date of Injury:	02/10/1987
Decision Date:	10/16/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 injured worker is a 70 year old male who was injured on 2/10/1987. He was diagnosed with cervical, lumbosacral, and thoracic subluxation, lumbar radiculopathy, and degeneration of lumbar discs. He was treated with non-steroidal anti-inflammatory drugs (NSAIDs), opioids, surgeries (lumbar laminectomies), chiropractor treatments, physical therapy, injections, and muscle relaxants. A urine drug screen report from 5/6/14 revealed alcohol, Hydrocodone, Hydromorphone, Tramadol, and Oxycodone. The worker was then seen on 6/10/14 by his treating physician complaining of continuing aching pain in the coccyx region with pain also in the hips rated at 6-7/10 on the pain scale. His reported medications were Hydrocodone/acetaminophen, metformin, Tramadol, ibuprofen/famotidine, and hydrochlorothiazide. The injured worker, however, reported that the ibuprofen/famotidine had not been helping his pain at night. Physical examination revealed tenderness at lumbosacral junction, but no pain with range of motion testing or spasm. The worker was then recommended to continue his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not enough evidence of functional and pain-reducing benefit found in the notes available for review related to his opioid use (Hydrocodone and Tramadol). Therefore, this request is not medically necessary.

Tramadol (Ultram) 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not enough evidence of functional and pain-reducing benefit found in the notes available for review related to his opioid use (Hydrocodone and Tramadol). Therefore, this request is not medically necessary.

Ibuprofen-Famotidine (Duexis) 800-26.6mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is

used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, the ibuprofen was reportedly not helping the injured worker's pain and was reduced the medication himself due to ineffectiveness. In addition, there is no evidence the injured worker has failed individual and separate NSAID and PPI. Based on the above, this request is not medically necessary.