

Case Number:	CM14-0123251		
Date Assigned:	08/08/2014	Date of Injury:	06/06/2011
Decision Date:	09/16/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. 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 55-year-old male who reported an injury on 06/06/2011. The mechanism of injury was a slip and fall. He had diagnoses of degeneration of cervical intervertebral disc, degeneration of thoracic intervertebral disc, degeneration of lumbar intervertebral disc, and chronic pain syndrome. Past treatments included medication, injections, diagnostic studies, physical therapy with no improvement, psychological counseling with moderate improvement, and medication management. There was a diagnostic test of an MRI of the cervical spine and arm. Surgical history included partial amputation of left index finger and a spinal surgery in 2001 upon L4-5 and L5-S1. Medications were noted to include Etodolac 300 mg 1 capsule twice a day, Norco 5/325 mg 1 tablet twice a day as needed, Skelaxin 800 mg 1 tablet twice a day, and Ultracet 37.5 mg take 1 tablet every 6 hours. On 06/23/2014, the injured worker was seen for checkup after his epidural on Monday 06/16/2014 and was in need of refills. The injured worker presented with bilateral neck pain. The pain was in the C5 distribution, right upper extremity, right arm, right forearm, palmar aspect of right hand; same on the left but lesser symptoms. The pain was described as aching, burning, dull, electrical, numbness, pulsating, sharp, shooting and throbbing. The severity of the pain was a 4/10 to 9/10 and moderate. The pain was constant but variable in intensity. Both upper extremities had weakness; numbness in the right upper extremity; tingling in the bilateral upper extremities; stiffness of the neck noted; spasms of the neck noted; loss of motor control of upper extremities noted; interference with sleep noted; depressed feeling noted; and anxious feeling noted. The injured worker was seen for follow-up of cervical epidural steroid injection on 6/16/2014 without any significant changes in his pain symptoms. The request is for Norco 5/325 mg #30 1 refill, Etodolac 300 mg #60 3 refills, and Ultracet 37.5/325 mg #60 with 3 refills. The rationale was not provided. The request for Authorization was dated 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78, 91, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific drug list, and Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The injured worker has a history of back pain. The California MTUS guidelines state that Norco/ hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that 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. The injured worker stated he received 40% decrease in pain. There was no documentation of objective evidence of functional improvement resulting from the use of Norco. There is a lack of documentation of a current urine drug screen report to establish the absence of aberrancy. The rationale for use of two short acting opioid analgesics is not there. The request does not give a frequency. As such, Norco 5/325mg #30, 1 refill is not medically necessary.

Etodolac 300mg #60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 70.

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

Decision rationale: The injured worker has a history of back pain. Etodolac (Lodine , Lodine XL) is and NSAID (non-steroidal anti-inflammatory drugs). The California MTUS recommends NSAIDS at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The guidelines do not support the continued provision of any treatment in addition in the absence of functional improvement of benefit and advise functional improvement as a reduction in work restrictions or an increase in activity tolerance or a decrease in the use of medication or medical service. There is lack of documentation of functional evidence of functional improvement resulting from using said medication to warrant ongoing use. There are risk factors of adverse reaction for gastrointestinal and cardiovascular complications. There is

lack of frequency within the request. As such, Etodolac 300mg #60, 3 refills is not medically necessary and appropriate.

Ultracet 37.5mg 325 mg #60, 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, criteria for use Page(s): 76-78.

Decision rationale: The injured worker has a history of back pain. Tramadol/Acetaminophen (Ultracet) is an opioid. The California MTUS guidelines recognize four domains that 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. There is lack of documentation of objective evidence of functional improvement resulting from the use of said medicine. A current urine drug screen report to establish the absence of aberrancy was not provided. There is lack of rationale for the use of two short term acting opioid analgesics. There is lack of frequency provided within the request. There is a discrepancy to the dosage on the request (37.5 mg and 325 mg). As such, Ultracet 37.5mg 325 mg #60 3 refills is not medically necessary.