

Case Number:	CM14-0139759		
Date Assigned:	09/08/2014	Date of Injury:	03/16/2000
Decision Date:	10/03/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/28/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in 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 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 57 year old male with an injury date of 03/16/00. The 07/17/14 report by [REDACTED] states the patient presents with lower back pain rated 7/10 with medication and 10/10 without. The patient is not working at this time. This is the most recent progress report prior to the patient's scheduled surgery. Examination reveals weakness and numbness on the left at L4, positive cervical and lumbar tenderness, and muscle spasms in the paraspinal musculature. Lumbar spine range of motion is decreased 50% and femoral stretch is positive bilaterally. The 07/29/14 direct lateral exposure of the L3-L4 interspace with mobilization of the aorta and vena cava by [REDACTED] states the patient's post-operative diagnosis is L3-L4 disk disease. The patient's diagnoses include: 1. S/P ACDF C5-7 with broken hardware but probable fusion 2. S/P lumbar fusion L4-S1 solid with NHP/DDD L3-4. Chronic pain syndrome. Refill medications on 07/17/14 are listed as naproxen, Protonix, Norflex, Norco, and Tramadol. The utilization review being challenged is dated 08/06/14. The rationale regarding Norco and Ultram is that records reveal the patient's overall condition without medication has worsened. Treatment reports were provided from 01/17/14 to 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of norco hydrocodone/APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: The patient presents with lower back pain rated 7/10 with medication and 10/10 without medication prior to surgery. The treater requests for Norco hydrocodone/APAP 10/325 mg #90 (an opioid). The 08/06/14 utilization review modified this request from #90 to #68. It is unknown how long the patient has been using this medication. It is listed as a medication 06/05/14 and on the 07/02/14 treatment plan for use for severe and breakthrough pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 07/17/14 report by [REDACTED] refers to the patient's medications (including Norco) and states the medications decrease the patient's pain by approximately 2-3 points on the pain scale and allow improved ADL's including the ability to ambulate, use the bathroom, provide self-care, cook and clean. The report further states the patient's ability to function is much improved with the use of prescribed medications and has resulted in a marked decrease in symptoms. In this case, the treater does not discuss in the reports provided adverse side effects or adverse behavior as required above. There is no discussion of "pain assessment" as required by MTUS. No urine toxicology or other opiate management issues are provided; therefore, recommendation is for denial.

1 Prescription of ultram tramadol HCL ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: patient presents with lower back pain rated 7/10 with medication and 10/10 without medication prior to surgery. The treater requests for Ultram tramadol HCLER 150 mg #60 (an opioid analgesic) . The 08/06/14 utilization review modified this request from #60 to #45. Reports provide show a start date for Tramadol in 2012. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 07/17/14 report by [REDACTED] refers to the patient's medications (including Tramadol ER) and states the medications decrease the patient's pain by approximately 2-3 points on the pain scale and allow improved ADL's including the ability to ambulate, use the bathroom,

provide self-care, cook and clean. The treater further states that the patient's ability to function is much improved with the use of prescribed medications and has resulted in a marked decrease in symptoms. In this case, the treater does not discuss in the reports provided adverse side effects or adverse behavior as required above; therefore, recommendation is for denial.