

Case Number:	CM14-0158667		
Date Assigned:	10/02/2014	Date of Injury:	06/16/2009
Decision Date:	10/29/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/26/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Form completed 09/17/14 indicated ongoing complaints of pain in the lumbosacral spine with reported pain, stiffness, weakness and numbness. The insured was reported to feel better with Tramadol. Physical examination reported decreased range of motion, decreased strength in the lumbosacral spine with the recommendation to continue Tramadol. Note of 09/03/14 from orthopedic surgery indicated that the insured aqua therapy for the lumbosacral spine with reported good progress with improvement in the range of motion with a radicular component still present. There was an EMG study reported that did not have any acute peripheral neuropathy or acute or chronic radiculopathy. Note 07/14/14 indicated review of records. PR2 07/02/14 indicated ongoing treatment with Tramadol for chronic inflammation. It indicated goals of therapy with some improved strength, improved range of motion and decreased pain. It indicated the insured had neck pain, low back pain, complaining of tingling and numbness in the bilateral legs. He reported that there were radicular symptoms with decreased range of motion, decreased strength rated 4/5 in the lumbosacral area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg BID #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids

Decision rationale: ODG guidelines support - Steps to take before a Therapeutic Trial of Opioids: (a) Attempt to determine if the pain is nociceptive or neuropathic. Also attempt to determine if there are underlying contributing psychological issues. Neuropathic pain may require higher doses of opioids, and opioids are not generally recommended as a first-line therapy for some neuropathic pain.(b) A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics.(c) Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals.(d) Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures.(e) Pain related assessment should include history of pain treatment and effect of pain and function.(f) Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function.The medical records provided for review indicate complaints of pain but do not indicate steps taken prior to considering opioid therapy or indicate qualitative or quantitative assessment of the pain condition. Validated instruments are not reported regarding pain scores. Given the medical records do not reflect these considerations in congruence with ODG guidelines; the medical records do not support medical necessity of opioids.

Urine analysis for drug compliance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Chapter- Drug Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) opioids, urinalysis

Decision rationale: ODG guidelines note -At the onset of treatment: (1) UDT (urine drug testing) is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse.Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with

clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. The medical records provided for review do not document a formal assessment of addiction risk or report intent for chronic opioid therapy. As the medical records do not support these assessments, UDS (urine drug screen) is not medically necessary.

Aquatic therapy; twelve (12) sessions (2x6): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, aquatic therapy

Decision rationale: The medical records indicate positive outcome in function with aquatic therapy but does not indicate functional assessment with established goals for further therapy or indicate why the insured cannot transition to a self-directed program. ODG guidelines report "Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains." Given the records do not indicate specific goals of further aquatic therapy, the medical records do not support medical necessity of further aquatic therapy treatment.