

Case Number:	CM14-0164940		
Date Assigned:	10/17/2014	Date of Injury:	12/17/2003
Decision Date:	11/18/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/07/2014

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 55-year-old female with a date of injury of 12/17/2003. The listed diagnoses per [REDACTED] are: 1. Cervical sprain/strain syndrome. 2. Right shoulder strain. 3. Carpal tunnel syndrome. 4. Status post lumbar fusion on 09/30/2009. 5. Status post removal of lumbar spine hardware, fusion inspection on 08/02/2007. 6. Status post lumbar fusion at L4-L5 and L5-S1 on 12/09/2005. 7. Minimal disk bulges at L1-L2 and L2-L3. 8. Left greater trochanteric bursitis. 9. Left knee contusion. 10. Left foot fifth metatarsal fracture, non-displaced per medical records. 11. Left foot/ankle ligament sprain. According to progress report 07/29/2014, the patient presents with persistent neck and low back pain. She has back and left leg pain that is rated at 2-3/10 on good days, and on bad days 7-8/10. Examination of the cervical spine revealed mild tenderness bilaterally in the trapezii. Range of motion was decreased in all planes. Examination of the lower back revealed well-healed surgical scar in the posterior lumbar spine region. There is tenderness in the paraspinal musculature of the lumbar region bilaterally. Report 3/13/14 notes that the patient has radiating pain to both legs extending to her feet. The patient is not working and permanent and stationary. The treating physician is requesting refill of medications and an intramuscular injection of B12 complex. Utilization review denied the request on 9/13/14. Treatment reports from 1/18/14 through 7/29/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60 with 2 refills: Upheld

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

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

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician is requesting Tramadol 50mg #60 with 2 refills. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures..." The medical records indicate that the patient has been taking Tramadol and Norco since 1/18/14. It is unclear as to why Tramadol is prescribed, a weak synthetic opiate when the patient is already on a strong opiate. The treating physician continually states that Norco provides pain relief and allows the patient to participate in ADLs, but there is no discussion regarding Tramadol. It is unlikely that Tramadol is doing anything for this patient given concurrent use of Norco. MTUS guidelines require documentation of outcome measures and functional assessment for chronic opiate use and in this case such documentation is not provided for Tramadol. This request is not medically necessary.

Norco 10/325mg, #60 with 2 refills: Upheld

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

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

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician is requesting Norco 10/325mg #60 with 2 refills for pain. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures..." This patient has been taking Norco since at least 1/18/14. A Urine Drug screen was administered on 1/7/14, which was consistent with the medication prescribed. The treating physician continually states that Norco has been effective, with some minor side effects, in reducing the patient's pain and allowing her "to perform some activities of daily living." In this case, the treating physician discusses analgesia but there are no specific functional changes described. There are only general statements of efficacy. Given the lack of sufficient documentation for opiate management, recommendation is not medically necessary.

Sonata 10mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under Pain Chapter insomnia treatment, Zaleplon (Sonata)

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician is requesting Sonata 10mg #30 with 2 refills for "sleep." The ACOEM and MTUS Guidelines do not discuss Sonata. ODG Guidelines under its Pain Chapter has the following regarding insomnia treatment, "Zaleplon (Sonata) reduces sleep latency.... This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing efficacy for up to 5 weeks." ODG recommends short-term use of 7 to 10 days with effectiveness for up to 5 weeks. In this case, the treating physician has prescribed this medication since 5/13/14. Recommendation is for not medically necessary.

Kristalose packet 20mg, #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core, 2009 Oct. 51p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician is requesting refill of Kristalose packet 20mg #30 with 2 refills, one packet with water/juice daily. KRISTALOSE (lactulose) is an Oral Solution that is indicated for the treatment of constipation. The MTUS Guidelines pages 76 through 78 discuss prophylactic medication for constipation when opiates are used. On 1/18/14 [REDACTED] recommended Kristalose 20mg packets "in view of her constipation." In this case, review of the medical file indicates the patient has been prescribed opiate medication on a long-term basis and complains of constipation. This request is medically necessary.

Gabapentin 300mg, #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin Page(s): 18-19.

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician is requesting Gabapentin 300mg #60 with 2 refills for the patient's neuropathic pain. Utilization review denied the request stating that despite medication intake the patient has high pain levels. The MTUS Guidelines page 18 and 19 has the following regarding gabapentin,

"Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first-line treatment for neuropathic pain." In this case, report 5/13/14 states that medications, including Gabapentin, "are all helping." Given the patient's continued radicular symptoms and efficacy of this medication recommendation is medically necessary.

Intramuscular injection B12 complex: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Vitamin B-12 Therapy Number: 0536

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician is requesting an intramuscular injection of B12 complex injection for "symptomatic relief" as the patient continues with significant symptoms. The ACOEM, MTUS ODG guidelines do not discuss Vitamin injections. AETNA guidelines; discuss Vitamin B-12 therapy for medical conditions and considers it for Anemia, GI disorders, Neuropathy due to malnutrition/alcoholism/pernicious anemia/posterolateral sclerosis. Aetna considers Vitamin B-12 injections experimental and investigational for all other indications. Based on current evidence it does not appear that Vitamin B12 injections are supported for chronic pain. This request is not medically necessary.