

Case Number:	CM14-0170542		
Date Assigned:	10/20/2014	Date of Injury:	03/18/2013
Decision Date:	11/20/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/15/2014

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 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:

This 59 year-old patient sustained an injury on 3/18/13 from lifting boxes while employed by [REDACTED]. Request(s) under consideration include Hydrocodone 2.5/ 325mg #90, Tramadol 150mg #60, and Ibuprofen 800mg #90. Diagnoses include Cervical strain/ spondylosis; lumbar spondylosis and mild left L3-4, L4-5 and right L5-S1 foraminal stenosis. MRI of the lumbar spine of 4/18/14 was unremarkable. Report of 9/4/14 from the provider noted the patient with low back pain without radiating to the legs; and intermittent neck pain. Exam showed lumbar spine with full range of motion and intact motor strength and sensation; cervical range moderately decreased but with intact neurological motor and sensation. Treatment included medication refills. The request(s) for Hydrocodone 2.5/ 325mg #90, Tramadol 150mg #60, and Ibuprofen 800mg #90 were non-certified on 10/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone2.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74 96.

Decision rationale: This 59 year-old patient sustained an injury on 3/18/13 from lifting boxes while employed by [REDACTED]. Request(s) under consideration include Hydrocodone 2.5/ 325mg #90, Tramadol 150mg #60, and Ibuprofen 800mg #90. Diagnoses include Cervical strain/ spondylosis; lumbar spondylosis and mild left L3-4, L4-5 and right L5-S1 foraminal stenosis. MRI of the lumbar spine of 4/18/14 was unremarkable. Report of 9/4/14 from the provider noted the patient with low back pain without radiating to the legs; and intermittent neck pain. Exam showed lumbar spine with full range of motion and intact motor strength and sensation; cervical range moderately decreased but with intact neurological motor and sensation. Treatment included medication refills. The request(s) for Hydrocodone 2.5/ 325mg #90, Tramadol 150mg #60, and Ibuprofen 800mg #90 were non-certified on 10/6/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Hydrocodone 2.5/ 325mg #90 is not medically necessary and appropriate.

Tramadol 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 59 year-old patient sustained an injury on 3/18/13 from lifting boxes while employed by [REDACTED]. Request(s) under consideration include Hydrocodone 2.5/ 325mg #90, Tramadol 150mg #60, and Ibuprofen 800mg #90. Diagnoses include Cervical strain/ spondylosis; lumbar spondylosis and mild left L3-4, L4-5 and right L5-S1 foraminal stenosis. MRI of the lumbar spine of 4/18/14 was unremarkable. Report of 9/4/14 from the provider noted the patient with low back pain without radiating to the legs; and intermittent neck pain. Exam showed lumbar spine with full range of motion and intact motor strength and sensation; cervical range moderately decreased but with intact neurological motor and sensation. Treatment included medication refills. The request(s) for Hydrocodone 2.5/ 325mg #90, Tramadol 150mg #60, and Ibuprofen 800mg #90 were non-certified on 10/6/14. Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no

evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tramadol 150mg #60 is not medically necessary and appropriate.

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS non-steroidal anti-inflammatory drugs Page(s): 22.

Decision rationale: This 59 year-old patient sustained an injury on 3/18/13 from lifting boxes while employed by [REDACTED]. Request(s) under consideration include Hydrocodone 2.5/ 325mg #90, Tramadol 150mg #60, and Ibuprofen 800mg #90. Diagnoses include Cervical strain/ spondylosis; lumbar spondylosis and mild left L3-4, L4-5 and right L5-S1 foraminal stenosis. MRI of the lumbar spine of 4/18/14 was unremarkable. Report of 9/4/14 from the provider noted the patient with low back pain without radiating to the legs; and intermittent neck pain. Exam showed lumbar spine with full range of motion and intact motor strength and sensation; cervical range moderately decreased but with intact neurological motor and sensation. Treatment included medication refills. The request(s) for Hydrocodone 2.5/ 325mg #90, Tramadol 150mg #60, and Ibuprofen 800mg #90 were non-certified on 10/6/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic March 2013 injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Ibuprofen 800mg #90 is not medically necessary and appropriate.