

Case Number:	CM14-0173045		
Date Assigned:	10/23/2014	Date of Injury:	06/03/2002
Decision Date:	12/02/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/20/2014

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 50 year-old female with the date of injury of 06/03/2002. The patient presents with pain in her lower back, radiating down her left leg and radiating up her mid back. The patient rates her pain as 4-8/10 on the pain scale, depending on the intake of medications. The patient presents limited range of lumbar motion. Her lumbar flexion is 60 degrees. Examination reveals weakness on the left leg, 4/5. MRI from reveals a significantly damaged disc at the level of L5-S1 with edema at the facet joint at the level and cyst formation on both facet joint. The patient is currently taking Norco, Tramadol ER, Gabapentin, Naproxen, Flexeril, and Protonix. The patient is disabled. According to [REDACTED] report on 07/30/2014, his diagnosis is displacement of lumbar intervertebral disc. The utilization review determination being challenged is dated on 10/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/14/2013 to 10/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro, Vicodin 2.5/325mg #120 DOS: 8/28/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89 76-78.

Decision rationale: The patient presents with pain and weakness in her lower back and left leg. The request is for Vicodin 2.5/325mg #120. MTUS guidelines page 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 review of the reports do not show discussion specific to this medication. There are no four A's discussed. No opiate management including urine toxicology, CURES report discussion. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Recommendation is for denial.

Retro, Ultram 150mg #60 DOS: 8/28/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89 76-78.

Decision rationale: The patient presents with pain and weakness in her lower back and left leg. The request is for Vicodin 2.5/325mg #120. MTUS guidelines page 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 review of the reports do not show discussion specific to this medication. There are no four A's discussed. No opiate management including urine toxicology, CURES report discussion. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Recommendation is for denial.