

Case Number:	CM14-0177918		
Date Assigned:	10/31/2014	Date of Injury:	05/18/2012
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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 Pain Medicine 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 injured worker is a 57 year-old female with a date of injury of May 18, 2012. The patient's industrially related diagnoses include cervical strain, herniated cervical disk, lumbar strain, herniated lumbar disk, sprain/strain of left knee, s/p total knee arthroplasty (9/17/2012), right and left carpal tunnel syndrome, back strain, herniated thoracic disk, and symptoms of anxiety and depression. The disputed issues are Hydrocodone-Acetaminophen 10-325mg #120, Tramadol HCL ER 150mg #30, Omeprazole 20mg #60 from DOS 4/18/2014. A utilization review determination on 10/7/2014 had non-certified these requests. The stated rationale for the denial of Hydrocodone-Acetaminophen and Tramadol was: "Guideline criteria have not been met as there is no documentation of a maintained increase in function or decrease in pain with the use of this medication. In addition, there has not been recent provided evidence of screening exams for misuse having been performed with a demonstrated low risk for misuse, with evidence that use resulted in a decrease in VAS pain scores and improved and measurable tolerance to specified activities (vs when the medication was not being used), with ongoing UDS and CURE reports to monitor for aberrancy and repost of intolerance to oral agents." The stated rationale for the denial of Tramadol was: "Guideline criteria have not been met. There is no evidence that the claimant is at significant increased risk for the noted guideline-associated gastrointestinal events."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Hydrocodone-Acetaminophen 10-325mg #120 (DOS 04/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Hydrocodone-Acetaminophen 10-325mg (Norco) is an opioid, which was recently rescheduled in October 2014 from Schedule III to the more restrictive Schedule II of the Controlled Substances Act. Therefore, it can no longer be refilled. Norco is recommended for moderate to severe pain. In regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain. In the submitted documentation available for review, there is no indication that the Hydrocodone-Acetaminophen was improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. There was no documentation of a signed opioid agreement, no urine drug screen to assess for the use or the presence of illegal drugs, and no CURES report to confirm that the injured worker was only getting opioids from one practitioner. In the progress report dated 4/18/2014, there is documentation that the injured worker stated the medications were helpful in providing relief of pain, however, no additional information was provided regarding Hydrocodone-Acetaminophen. Due to the lack of documentation, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the request to allow tapering. In light of the above issues, medical necessity for the request for Hydrocodone-Acetaminophen 10-325mg #120 has not been established.

Tramadol HCL ER 150mg #30 (DOS 04/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Tramadol HCL ER 150mg (Ultram ER) is a synthetic opioid affecting the central nervous system. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Since Tramadol is an opioid, it is subject to the ongoing monitoring requirements as stated in the Chronic Pain Medical Treatment Guidelines. Due to abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use.

Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain. In the submitted documentation available for review, there is no indication that the Tramadol ER was improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. There was no documentation of a signed opioid agreement, no urine drug screen to assess for the use or the presence of illegal drugs, and no CURES report to confirm that the injured worker was only getting opioids from one practitioner. In the progress report dated 4/18/2014, there is documentation that the injured worker stated the medications were helpful in providing relief of pain, however, no additional information was provided regarding Tramadol ER. Due to the lack of documentation, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the request to allow tapering. In light of the above issues, medical necessity for the request for Tramadol HCL ER 150mg #30 has not been established.

Omeprazole 20mg #60 (DOS 04/18/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole 20mg (Prilosec) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. In the submitted documentation available for review, the treating physician documented that Prilosec 20mg was prescribed for gastritis secondary to NSAID use. However, there are no NSAIDs prescribed at the time of the request. There was documentation that the injured worker was prescribed Naproxen in 2013 and once on 3/7/2014 but there is no indication that the injured worker was taking Naproxen or any other NSAID on 4/18/2014 at the time when Prilosec was requested. Furthermore, there were no other specific gastrointestinal risk factors documented which would warrant a proton pump inhibitor. Based on the guidelines, the request for Omeprazole 20mg #60 is not medically necessary.