MAXIMUS Federal Services

Case Number:	CM14-0027989		
Date Assigned:	06/20/2014	Date of Injury:	03/05/2004
Decision Date:	08/11/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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:

This is a 60-year-old male injured worker with date of injury 3/5/04 with related low back pain. Per progress report dated 2/16/14, the injured worker reported pain at 8/10 in intensity. Per physical exam, there was tenderness reported on palpation of the spinous processes of the lumbar spine. There was paraspinal muscle tenderness reported. Straight Leg Raising test was negative bilaterally. Deep tendon reflexes were equal and symmetric. Imaging studies were not available in the documentation submitted for review. The documentation submitted for review did not state whether physical therapy was utilized. The treatment to date has included medication management. The date of utilization review decision was 2/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, regarding on-going management of 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 As (analgesia, activities of daily living, adverse side effects, and any 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. Review of the available medical records reveal no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the clinical notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. Controlled Substance Utilization Review & Evaluation System (CURES) report, urine drug screen (UDS), opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As the MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity for one (1) prescription of Norco 10/325mg #90 cannot be affirmed. The request is not certified.

Prospective request for one (1) prescription of Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, regarding on-going management of 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 (analgesia, activities of daily living, adverse side effects, and any 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. Review of the available medical records reveal no documentation to support the medical necessity of Tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. (e.g. Controlled Substance Utilization Review & Evaluation System (CURES) report, urine drug screen (UDS), opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this

concern in the records available for my review. As the MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity for one (1) prescription of Tramadol 50mg #120 cannot be affirmed. The request is not certified.

Prospective request for one (1) prescription of Celebrex 200mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 12, 68.

Decision rationale: Regarding chronic low back pain and non-steroidal anti-inflammatory drugs (NSAIDs), the MTUS guidelines recommended NSAIDs as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. For low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as firstline therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile. Per the latest progress report dated 2/16/14, the injured worker reported pain 8/10 and that parts of his injury had worsened. The MTUS guidelines do not mandate that functional improvement needs to be documented to affirm the medical necessity of NSAIDs. The reported findings represent an exacerbation of low back pain; therefore, the request for one (1) prescription of Celebrex 200mg #90 is medically necessary.