

Case Number:	CM14-0054381		
Date Assigned:	07/07/2014	Date of Injury:	01/15/2013
Decision Date:	08/07/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/23/2014

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, Pain Management, 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 48-year-old male with date of injury of 01/15/2013. Per treating physician's report 03/26/2014, patient presents with back and left shoulder pain. Low back pain is 8/10 to 9/10, has numbness in left shoulder. Pain level is 2/10 to 3/10 for the shoulder, achy neck pain is at 5/10. The patient's shoulder pain is basically unchanged and lumbar spine pain is managed with ibuprofen and alternating tramadol and hydrocodone. The patient is currently having significant symptomatology and spasms, with limited motion and slowly ambulating 2 to 3 blocks before he gets leg pain. Current medications are hydrocodone, ibuprofen, zolpidem, omeprazole, which are "all helping him to improve his symptoms." The treating physician's listed diagnoses are: 1. L4-L5, L5-S1 disk herniation, right-sided radiculopathy instability. 2. Mild right lower extremity foot drop. Under treatment discussion, the patient is awaiting authorization for surgery, still need surgical intervention for L4-L5, L5-S1 posterior decompression arthrodesis. He states "ibuprofen, tramadol, hydrocodone definitely needs to be provided for pain relief." There is a report dated 02/26/2014 states that the patient does not have the ability to tolerate ambulation too much more than 3 or 4 blocks and the discussion states that the patient is taking 2 tramadol, 2 hydrocodones per day, Ambien to help him sleep, omeprazole and ibuprofen are utilized as anti-inflammatory and stomach protector. The patient has symptoms that continue. A 01/29/2014 report was reviewed with the patient presenting with similar symptoms and this report states medications are "all helping to decrease his symptoms." Under discussion, the treating physician states that the hydrocodone is the only thing that alleviates the pain and has sufficient transdermal creams at this time. He has had improvement with medications. The 12/17/2013 report is a letter of appeal. In regards to Norco, the treating physician simply states that the Norco is being prescribed for the patient's moderate to severe somatic, neuropathic and

visceral pain. He goes on to state the MTUS Guidelines. A 09/25/2014 report was reviewed and this report does not discuss medication efficacy. The utilization review letter is dated 04/17/2014. The treating physician reports are provided from 09/25/2013 to 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Hydrocodone/APAP 10/325mg, 1 po q 6-8 hours prn, #60 for pain relief (DOS: 03/26/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61; 88,89.

Decision rationale: This patient presents with chronic low back and left shoulder pain. The request is for Norco 10/325 #60 for 2 tablets per month. Regarding chronic opiate use for moderate to severe pain, MTUS page 78 requires documentation of 4 A's including analgesia, ADLs, adverse events, adverse drug-seeking behavior. It also requires documentation of pain assessment including time it takes for medication to take effect, duration of pain relief, average pain, least amount of pain, and current level of pain. Review of the reports provided by the treating physician from 09/25/2013 to 03/26/2014 describes general statements regarding medication efficacy. For example 03/26/2014 report states that the alternating medications are managing the patient's pain and all the medications are helping him. The 02/26/2014 report states that the patient has symptoms that continue despite use of medications. A 01/29/2014 report states that "all helping to decrease symptoms" and it also mentions that hydrocodone is the only medication that helps. Other reports do not specifically discuss medication efficacy. In this request, none of the reports discussed numeric pain scale, specific analgesia other than in general terminology. None of the reports specifically discuss activities of daily living and there are no mentions of side effects and aberrant drug-seeking behavior. No discussion provided regarding drug screening etc. There are no discussions regarding pain assessments either. Given the lack of specific documentations required by MTUS Guidelines, the request is not medically necessary.

RETRO: Tramadol/APAP 37.5/325mg, 1 po q 6-8 hours prn, #100 for pain (DOS: 03/26/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol. Decision based on Non-MTUS Citation <http://www.medicinenet.com>; Ultracet.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61; 88,89.

Decision rationale: This patient presents with chronic low back, shoulder pain. The request is for Ultracet #100 to be used for this patient's chronic pain. While MTUS Guidelines support

chronic use of opiates for moderately severe pain, which this patient suffers from, page 78 of MTUS Guidelines specifically require documentation of 4 A's and pain assessments including ADLs, adverse effects, analgesia, aberrant drug-seeking behavior. In this case, as noted above, while the treating physician provides general statements regarding the patient's medication, no specifics were provided regarding analgesia such as use of before and after pain scales, and no specifics regarding activities of daily living to determine whether or not significant improvement has been achieved. No pain assessments are provided either. Given all of the above the request is not medically necessary.