

Case Number:	CM14-0058638		
Date Assigned:	07/09/2014	Date of Injury:	06/16/2012
Decision Date:	08/29/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 Emergency 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 47 year-old female, who sustained an injury on June 16, 2012. The mechanism of injury occurred from a slip and fall. Diagnostics have included: May 28, 2014 urine drug screen which was reported as being negative for all substances tested; April 23, 2014 urine drug screen which was reported as being positive for hydrocodone but negative for tramadol; March 7, 2014 urine drug screen which was reported as being positive for hydrocodone but negative for tramadol. Treatments have included medications, March 23, 2013 right shoulder arthroscopy, physical therapy, acupuncture. The current diagnoses are: chronic pain syndrome, lumbosacral disc degeneration, knee internal derangement, shoulder calcific tendonitis and rotator cuff tear, cervical disc degeneration. The stated purpose of the request for Norco 10/325 mg # 240 was to provide treatment for breakthrough pain. The request for Norco 10/325 mg # 240 was denied on April 22, 2014, citing a lack of documentation of pain quantification, frequency or location, nor medical necessity. The stated purpose of the request for Ultram ER 150 mg # 30 was for pain relief. The request for Ultram ER 150 mg # 30 was denied on April 22, 2014 citing a lack of documentation of pain quantification, frequency or location, nor medical necessity. The stated purpose of the request for Topamax 100 mg # 60 was not noted. The request for Topamax 100 mg # 60 was denied on April 22, 2014, citing a lack of documentation of medical necessity. Per the report dated March 7, 2014, the treating physician noted complaints of back pain with radiation to both legs along with numbness. Exam findings included restricted lumbar range of motion with lumbar paraspinal spasm and tenderness, weakness to dorsi- and plantar flexion, with straight leg raises tests at 70 degrees bilaterally. Per April 16, 2014 AME (Agreed Medical Evaluation) report, future medical care included medications, therapy and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain with radiation to both legs along with numbness. The treating physician has documented restricted lumbar range of motion with lumbar paraspinal spasm and tenderness, weakness to dorsi- and plantar flexion, with straight leg raisins tests at 70 degrees bilaterally. April 23, 2014 urine drug screen which was reported as being positive for Hydrocodone but negative for Tramadol; March 7, 2014 urine drug screen which was reported as being positive for Hydrocodone but negative for Tramadol. The treating physician has not documented VAS (Visual Analog Scale) pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract. The criteria noted above not having been met, Norco 10/325 mg # 240 is not medically necessary.

Ultram ER 150 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, Tramadol Page(s): 78-82, 113.

Decision rationale: The requested Ultram ER 150 mg # 30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain with radiation to both legs along with numbness. The treating physician has documented restricted lumbar range of motion with lumbar paraspinal spasm and tenderness, weakness to dorsi- and plantar flexion, with straight leg raisins tests at 70 degrees bilaterally. April 23, 2014 urine drug screen which was reported as being positive for Hydrocodone but negative for Tramadol; March 7, 2014 urine drug screen which was reported as being positive for Hydrocodone but negative for

Tramadol. The treating physician has not documented: failed first-line opiate trials, VAS (Visual Analog Scale) pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor the reasons or actions taken for this drug being reported as negative on repeat urine drug screening. The criteria noted above not having been met, Ultram ER 150 mg # 30 is not medically necessary.

Topamax 100 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18, 21.

Decision rationale: The requested Topamax 100 mg # 60 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage, and Topiramate is considered for use of neuropathic pain when other anticonvulsants fail. The injured worker has back pain with radiation to both legs along with numbness. The treating physician has documented restricted lumbar range of motion with lumbar paraspinal spasm and tenderness, weakness to dorsi- and plantar flexion, with straight leg raisins tests at 70 degrees bilaterally. April 23, 2014 urine drug screen which was reported as being positive for Hydrocodone but negative for Tramadol; March 7, 2014 urine drug screen which was reported as being positive for Hydrocodone but negative for Tramadol. The treating physician has not documented failed first-line therapy, duration of treatment nor derived symptomatic or functional improvement from use to date. The criteria noted above not having been met, Topamax 100 mg # 60, is not medically necessary.