

Case Number:	CM14-0065603		
Date Assigned:	07/11/2014	Date of Injury:	04/19/2013
Decision Date:	08/18/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/08/2014

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 and 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:

This patient is a 37-year-old male with date of injury 04/19/2013. Per the progress report 02/24/2014, the patient presents with thoracic and lumbar pain with radiation down the left leg. The patient gets less sleep since he had the car accident last month. With medications, the patient can perform bathing, dressing, and with medication pain is 8/10, without medications 10/10. When taking medications, they help for 5 hours with no side effects. Functional level is the same as before, but pain is relieved by greater than 50%. Patient's CURES activity report results were appropriate. Urine drug screen test was appropriate. Patient's last pill count results were appropriate. Listed diagnoses are thoracic spondylosis without myelopathy and coccydynia, lumbosacral spondylosis, myalgia, and myositis. The treatment plan goes for Norco, Cymbalta, and Ultram. The patient has signed pain agreement and taking pain medications from only this office. The patient wants to continue present opioid regimen. The 01/24/2014 report by treating physician states the patient is seen for reevaluation of thoracic and lumbar pain, needs refills, had auto accident, lumbar and leg pain is worse, cannot move his toes in the right side and he feels a cold feeling. With medication it is 8/10, without medications 10/10. Medication is helpful for 5 hours, causes no side effects, and so on. This report provides identical information as the other report reviewed above. It does state that the patient is exercising 30 minutes, has mild stress, and mild depression, sleeps for 6 hours per night which is disturbed and awakens, rested. An MRI of lumbar spine 06/26/2013 shows diffuse bulging disk at T12-L1 through L4-5 with mild central canal narrowing at L3-5. An MRI of thoracic spine from 06/26/2013 showed protrusions at T6-7, T7-8, and T11-12 with mild canal narrowing. The reports include trigger point injection procedure from 10/18/2013, 11/01/2013, 11/22/2013. The 03/24/2014 report is also reviewed.

There are no changes on this report other than duration of sleep which is documented at 4 hours per night. The pain goes from 10/10 to 8/10 with medications and medications help for 5 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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

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; 78.

Decision rationale: This patient presents with chronic thoracic and low back pain with multilevel protruding disks on thoracic spine MRI and bulging disks with some spinal stenosis in couple levels on MRI of the lumbar spine. The request is for Norco #90. Review of the reports does show that the treating physician lists the diagnosis providing MRI findings. The 4As are adequately addressed in terms of analgesia with pain going from 10/10 to 8/10. Activities of daily living are documented, side effects documented, and aberrant drug-seeking behavior all documented. The MTUS Guidelines support use of opiates for chronic moderate to severe pain with adequate documentations. In this case, treating physician does appear to provide adequate documentations regarding the benefit from chronic opioid therapy. Recommendation is for authorization.

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 93. Decision based on Non-MTUS Citation Product Information (McNeil, 2003), (Lexi-Comp, 2008).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL; Opioids for neuropathic pain; On Tramadol; Page(s): 80; 82; 84.

Decision rationale: This patient presents with chronic thoracic and low back pain. The request is for Ultram 50 mg #120 per month. Review of multiple reports from the treating physician showed that there is adequate documentation regarding the 4As and pain assessments. However, the treating physician does not differentiate which medication is working specifically. For example, the reports indicate the medication works for 5 hours and reduces pain by greater than 50%. However, the pain scale goes from 10/10 to 8/10. Ultram is a synthetic opiate and weak mu-receptor binding molecule, unlike other opiates that are strong binding molecules. When used with other opiates such as Norco in this patient, it is unlikely to be doing much in terms of pain reduction. Given that the treating physician does not provide specific documentation of benefit from this particular medication, and how the combination of medication has made a difference for this patient, there does not appear to be a need for concurrent use of a weak

binding synthetic opiate and Norco or hydrocodone at the same time. Recommendation is for denial.