

Case Number:	CM14-0082518		
Date Assigned:	07/21/2014	Date of Injury:	12/04/1992
Decision Date:	10/10/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/04/2014

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 Family 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 patient is a 66-year-old female who has submitted a claim for lumbar disc displacement associated with an industrial injury date of December 4, 1992. Medical records from 2006 through 2014 were reviewed, which showed that the patient complained of chronic back pain. Examination revealed tenderness and spasm in the right paralumbar area, antalgic gait, mildly positive SLR test on the right, and weak right ankle dorsiflexors. Treatment to date has included medications and back supports. Utilization review from May 5, 2014 denied the request for Tramadol 37.5/325mg Qty 180, Hydrocodone/Acetaminophen 5/325/mg Qty 120, Butalbital/APAP/Caffeine Qty 60 and Omeprazole 20mg Qty 180. The request for tramadol was denied because the guidelines only recommend its use for a limited time period. The request for Hydrocodone/Acetaminophen was denied because there was no documented overall improvement in function while taking it. The request for butabarbital was denied because the guidelines do not recommend its long-term use. The request for Prilosec was denied because the patient was not on concurrent use of an aspirin, corticosteroid, anticoagulant or NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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. 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. In this case, it is not clear from the records when the patient started Tramadol. The patient's medications were just referred to as "medications" in her progress notes. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately monitored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Tramadol 37.5/325mg Qty 180 is not medically necessary.

Hydrocodone/Acetaminophen 5/325/mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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. 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. In this case, it is not clear from the records when the patient started Hydrocodone/Acetaminophen. The patient's medications were just referred to as "medications" in her progress notes. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately monitored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Hydrocodone/Acetaminophen 5/325/mg Qty 120 is not medically necessary.

Butalbital/APAP/Caffeine Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 23.

Decision rationale: As stated on page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case, it is unknown when the patient was started on Butalbital due to inadequate documentation. The dosage of the medication to be prescribed is also not indicated. These and the fact that the guidelines do not recommend their use, make the request for Butalbital/APAP/Caffeine Qty 60 not medically necessary.

Omeprazole 20mg Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the patient is over 65 years old. However, she does not have any documented GI complaint nor does she have concurrent use of ASA, corticosteroids, anticoagulants or NSAIDs. Therefore, the request for Omeprazole 20mg Qty 180 is not medically necessary.