

Case Number:	CM14-0004465		
Date Assigned:	02/05/2014	Date of Injury:	01/09/2002
Decision Date:	03/26/2015	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old male with a 1/9/2002 date of injury. A specific mechanism of injury was not described. 11/12/13 progress report identified continued pain and discomfort in the neck with radiation to the upper extremities and in the low back with radiation to the lower extremities. Examination revealed lumbar midline tenderness, reduced range of motion, and decreased sensation at L5 and S1 dermatomes, mainly on the right. There was also weakness on heel/toe walk and unable to accomplish without severely increased pain in the low back. It is noted that Norco has been effective because it allows the patient to perform some activities of daily living and medications are helping provide relief with the patient's moderate to severe pain. It is also noted that the patient has been on Norco for a prolonged time. Diagnoses included cervical spine sprain/strain, C4-5 and C5-6 right-sided neuroforaminal stenosis, s/p L4-5 and L5-S1 posterior lumbar interbody fusion on 3/28/16, and s/p hardware removal on 6/6/09. Treatment to date included medication and activity modification. The 12/27/13 determination was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ APAP 10/325MG, # 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 Chronic Pain Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411
http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf

Decision rationale: It is noted that the patient has been on Norco for a prolonged time. However, there is no clear indication of urine toxicology tests or what measures are being taken for medication monitoring. There is no clear indication of a long-term treatment plan, or other non-opioid measures for pain control. There are no VAS course, no evidence of assessment of compliance. There was an AME report describing the patient's treatment history stating that the patient has continued to receive extensive pain management without improvement. The conclusions stated that pain management treatment the patient has received is considered excessive and unwarranted. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request is not medically necessary.

LYRICA 75MG: Overturned

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 Pregabalin (Lyrica, no generic available) Page(s): 20. Decision based on Non-MTUS Citation "Pregabalin. A new treatment for neuropathic pain" by Lopez-Trigo J, Sancho J Neurologia. 2006 Mar;21(2):96-103.

Decision rationale: The patient presents with neck pain with radiation to the upper extremities and low back pain with radiation to the lower extremities, confirmed on exam by decreased sensation at L5 and S1 dermatomes and weakness on heel/toe walk and unable to accomplish without severely increased pain in the low back. Guidelines support Lyrica for the management of peripheral neuropathic pain. Therefore, the request is medically necessary.

TRAMADOL/ APAP 37.5/325MG, #100: 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 Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. N Engl J Med 2003; 349:1943-1953 November

13, 2003DOI: 10.1056/NEJMra025411

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Decision rationale: There is no rationale on the records provided of the necessity of Ultram. No discussion of continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior, specifically related to Ultram. No rationale for the necessity of concurrent prescriptions for hydrocodone and tramadol. Therefore, the request is not medically necessary.