

Case Number:	CM14-0173305		
Date Assigned:	10/24/2014	Date of Injury:	01/17/2002
Decision Date:	03/18/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 59 year old female patient, who sustained an industrial injury on 1/17/2002. She has reported low back pain. The diagnoses include lumbosacral disc degeneration and chronic pain. Per the doctor's note dated 9/8/2014, She had complains of low back and shoulder pain. The pain is worse at night around the hips. Physical exam revealed lumbar spine- left spasm, limited flexion, instability on flexion/extension, tight hamstrings, weakness of foot eversion and diminished dermatome to light touch of skin. The medications list includes vicodin and ultram. She has had the Magnetic Resonance Imaging (MRI) of the lumbosacral spine which revealed severe Degenerative Joint Disease (DJD) and facet synovial cyst and the electromyogram revealed positive radiculopathy. She has undergone shoulder surgery in 11/30/2012. She has had physical therapy, acupuncture and steroid injections for this injury. On 10/9/14 Utilization Review non-certified a request for Hydrocodone 5/325 mg #60, Ultram 100 mg #60, and One (1) Urine Toxicology screening, noting that regarding the request for Hydrocodone 5/325 mg #60 it was determined that this was a duplication in a request for service that was previously reviewed. Regarding the Ultram 100 mg #60, it was determined that this was a duplication in a request for service that was previously reviewed and regarding the One (1) Urine Toxicology screening there is no need for an additional screen at this time. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 76-80 . Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Opioids, criteria for use

Decision rationale: Request: Hydrocodone 5/325 mg #60 Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects... Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Previous urine drug screen report is also not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone 5/325 mg #60 is not established for this patient.

Ultram 100 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Request: Ultram 100 mg #60 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain" (Kumar, 2003). Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the

following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."Tramadol use is recommended for treatment of episodic exacerbations of severe pain.Per the records provided she had chronic low back and shoulder pain. She is noted to have objective evidence- lumbar spine- left spasm, limited flexion, instability on flexion/extension, tight hamstrings, weakness of foot eversion and diminished dermatome to light touch of skin and Magnetic Resonance Imaging (MRI) of the lumbosacral spine revealed severe Degenerative Joint Disease (DJD) and facet synovial cyst and the electromyogram revealed positive radiculopathy. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram 100 mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.

One (1) Urine Toxicology screening: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43.

Decision rationale: Request: One (1) Urine Toxicology screening Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medications list includes hydrocodone and tramadol. Both are opioids. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. The request of One (1) Urine Toxicology screening is medically appropriate and necessary for this patient at this juncture.