MAXIMUS Federal Services

Case Number:	CM14-0192465		
Date Assigned:	11/26/2014	Date of Injury:	01/21/2011
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 64-year-old gentleman with a date of injury of 01/21/2011. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 07/28/2014 and 09/29/2014 indicated the worker was experiencing lower back pain that went into both legs, neck pain with associated headaches, on-going abdominal pain, and high blood pressure. Documented examinations consistently described some distress due to pain, tenderness in the upper and lower back with muscle rigidity and associated trigger points, decreased motion in the upper and lower back joints, decreased motion in both shoulders, weakness involving both legs, decreased sensation in both arms following the C5 spinal nerves, decreased sensation in the back of both thighs and the outer lower legs, and minimal right knee tenderness. The submitted and reviewed documentation concluded the worker was suffering from cervical myoligamentous injury with associated cervicogenic headaches, post-concussive head syndrome, radiculopathy involving both arms, lumbar myoligamentous injury with associated radicular symptoms involving both legs, lumbar facet syndrome, chronic nausea and vomiting, left submandibular myoligamentous injury, medication-induced gastritis, and hypertension. Treatment recommendations included oral pain medications, consideration of injecting medications near the lower back spinal nerves, trigger point injections, acupuncture, and follow up care. A Utilization Review decision was rendered on 10/17/2014 recommending modified certification for 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg for one month and sixty tablets of Ultram (Tramadol)-ER 150mg for one month. Treating physician notes dated 03/17/2014 and 06/09/2014 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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; Weaning of Medications Page(s): 74-95; 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into both legs, neck pain with associated headaches, on-going abdominal pain, and high blood pressure. The recorded pain assessments contained only a few of the elements recommended by the Guidelines. There was no individualized risk assessment for the use of this medication. While there was documentation suggesting all treated workers had a restricted medication agreement and had agreed to random urinary drug screen testing, there were no treatment recommendations for a urine drug screen test, description of the results, or suggestion one had been performed during at least the prior six months. In the absence of such evidence, the current request for 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary.

Ultram ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

Decision rationale: Ultram (Tramadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid

medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted documentation indicated the worker was experiencing lower back pain that went into both legs, neck pain with associated headaches, on-going abdominal pain, and high blood pressure. The recorded pain assessments contained only a few of the elements recommended by the Guidelines. There was no individualized risk assessment for the use of this medication. While there was documentation suggesting all treated workers had a restricted medication agreement and had agreed to random urinary drug screen testing, there were no treatment recommendations for a urine drug screen test, description of the results, or suggestion one had been performed during at least the prior six months. In the absence of such evidence, the current request for sixty tablets of Ultram (Tramadol)-ER 150mg is not medically necessary.