

Case Number:	CM14-0204418		
Date Assigned:	12/16/2014	Date of Injury:	06/13/2013
Decision Date:	02/09/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, 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 50-year-old male with a date of injury of 06/13/2013. This patient is status post C5-C6 disk replacement on 09/30/2014 and continues to improve. Current pain level is rated as 2/10. Treatment history to date has included medications, bracing, modification of activities, physical therapy, and surgery. Physical examination of the cervical spine revealed healing incision with no signs of infection. There is decreased pain to palpation and limited range of motion secondary to pain. Motor strength is 5/5 bilaterally and grip strength is 4/5 in the left upper extremity. Patient reports improved diminished sensory in the left C6 distribution following surgery. New set of x-rays from 10/27/2014 revealed, "The implants are in excellent position. The lordosis is well-maintained." The listed diagnoses are: 1. Status post C5-C6 disk replacement on 09/30/2014 with good relief of upper extremity symptoms and improving neck pain. 2. Improving radiculopathy and radiculitis. 3. Improving neck pain. 4. Left shoulder rotator cuff, improving postoperatively from the prior shoulder surgery. Treating physician notes that "there was a lengthy discussion with the patient regarding opioids, alternatives, risks and benefits; operative and non-operative options were fairly discussed." Recommendation was for refill of medications, Norco 10/325 mg and tramadol 50 mg, and physical therapy 2 times a week for 6 weeks for the cervical spine. The utilization review denied the request on 12/05/2014. Treatment reports from 01/02/2014 through 11/24/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty:240: 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 Medication for Chronic Pain; Criteria for use of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: This patient is status post cervical discectomy on 09/30/2014 and is improving. The current request is for Norco 10/325 mg qty: 240. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since at least 01/02/2014. According to progress report dated 01/02/2014, the patient was dispensed Norco 10/325 mg for severe pain. The treater emphasized that this medication is habit-forming and the patient needs to only take it as needed. It was noted the patient "shows good understanding." Progress report dated 08/19/2014 provided a refill of medications and it was noted that side effects were discussed and the patient showed very good understanding. On 10/16/2014, a refill of medications was dispensed and treating physician noted that the patient was instructed to start weaning off the medications. On 11/24/2014, medications were again dispensed and the treating physician noted that the patient has been encouraged to discontinue medications. In this case, recommendation for further use of Norco cannot be supported as the treating physician has provided no discussion regarding this medication's efficacy. There is no discussion regarding decrease in pain, functional improvement or changes in ADLs as required by MTUS for opiate management. In addition, there has been no discussion of possible aberrant behaviors and no urine drug screens have been administered to monitor for compliance. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate usage. The requested medication IS NOT medically necessary and recommendation is for slow weaning per MTUS Guidelines.

Tramadol 50mg Qty:120: 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 Medication for Chronic Pain; Criteria for use of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: This patient is status post cervical discectomy on 09/30/2014 and is improving. The current request is for tramadol 50 mg qty: 120. The MTUS Chronic Pain Medical Treatment Guidelines, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral

analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed tramadol since 08/19/2014. According to progress report dated 10/16/2014, the patient has been instructed to start weaning off medications. "Alternatively, tramadol may be helpful to substitute." A refill of tramadol ER was dispensed for patient's severe pain and side effects were discussed. In this case, recommendation for further use of tramadol cannot be supported as the treating physician has provided no discussion regarding this medication's efficacy. There are no before and after pain scale to denote a decrease in pain and there are no discussions of functional improvement or changes in ADLs as required by MTUS for opiate management. In addition, there is no discussion of aberrant behaviors and urine drug screens are not provided to monitor for compliance. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate usage. The requested medication IS NOT medically necessary and recommendation is for slow weaning per MTUS Guidelines.

Physical Therapy two times a week for six weeks Qty: 12: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: This patient is status post cervical discectomy on 09/30/2014 and is improving. The current request is for physical therapy 2 times a week for 6 weeks qty: 12. The MTUS Post-surgical guidelines pages 26 under the Neck & Upper back discussion, recommends 16 physical therapy sessions over 8 weeks, following a cervical discectomy. The patient underwent a cervical discectomy on 09/30/2014. Subsequent progress report dated 10/16/2014 notes the patient continues to utilize a brace and he was instructed to gently move the neck on flexion and extension several times daily to reduce some stiffness. It was noted "then we will start physical therapy request." On 11/24/2014, a request was made for 12 physical therapy sessions to "strengthen muscles, stabilize the spine, and reduce pain." There is no indication that the patient has started postoperative physical therapy. The requested 12 sessions is within MTUS guidelines and IS medically necessary.