

Case Number:	CM14-0209547		
Date Assigned:	12/22/2014	Date of Injury:	08/06/2007
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehabilitation, 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:

The patient is a 55 year old male with an injury date of 08/06/07. The 11/14/14 report states that the patient presents with lower back tenderness. Pain is rated 2/10 with medications and 8/10 without. The report states, "most of time medicine runs out of effect." No examination findings or listed diagnoses are provided with this report. He is noted to be permanently off work. The most recent examination provided is dated 02/10/14 and reveals touch sensation is decreased over the left calf. No other significant deficiencies are noted. The patient's diagnoses as of 02/10/14 include: 1. Lumbosacral neuritis 2. Spinal stenosis, lumbar 3. Lumbar or lumbosacral disc degeneration 4. Lumbar spondylosis. The utilization review is dated 11/21/14. Reports were provided for review from 01/27/14 to 11/14/14. Most reports are handwritten and partially illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg quantity 60 with 1 refill: 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; Medication for Chronic Pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with lower back tenderness rated 2/10 with medications and 8/10 without. The current request is for Ultram 50mg quantity 60 with 1 refill (Tramadol, an opioid analgesic) per the 11/14/14 report. The 11/21/14 utilization review modified this request from 1 refill to 0 refills. MTUS Guidelines pages 88 and 89 states, "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, activities of daily livings (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. The reports show that the patient has been prescribed the medication since at least 01/27/14. The 11/14/14 report states, "Percocet/Tramadol are helping. Cold weather may be increasing the pains." The reports do show that pain is routinely assessed through the use of pain scales. Reports from 08/18/14 to 11/14/14 showed pain rated 1-5 with medications and 7-9/10 without. However, no specific ADL's are mentioned to show a significant change with use of this medication. Furthermore, opiate management issues are not documented. No urine toxicology reports are provided or discussed. There is no discussion of side effects or adverse behavior. There is no mention of CURES or a pain contract. No outcome measure is provided. The 4A's have not been sufficiently documented for ADL's and opiate management as required by MTUS. As such, the request is not medically necessary.

Mobic 7.5mg quantity 30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications; Medication for Chronic Pain Page(s): 22; 60.

Decision rationale: The patient presents with lower back tenderness rated 2/10 with medications and 8/10 without. The current request is for Mobic 7.5mg quantity 30 with 1 refill (Meloxicam, and non-steroidal anti-inflammatory drugs (NSAIDs)), per the 11/14/14 report. MTUS Anti-inflammatory medications page 22 stated, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The reports provided show the patient has been prescribed this medication since at least 01/27/14. The patient presents with lower back pain for which this medication is a first line treatment. However, the reports do not state whether or not this medication helps this patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.

Elavil 25mg quantity 30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The patient presents with lower back tenderness rated 2/10 with medications and 8/10 without. The current request is for Elavil 25mg quantity 30 with one refill (Amitriptyline) per the 11/14/14 report. The 11/21/14 utilization review states that this request was modified from 1 refill to 0 refills. MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants, page 13 states this medication is recommended and as a tricyclic antidepressant is generally considered a first-line agent for neuropathic pain, and as possibility for non-neuropathic pain. MTUS page 13 also states, "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, and sleep quality and duration, and psychological assessment." The reports provided show the patient has been prescribed this medication since at least 01/27/14. However, the treating physician does not discuss Elavil. The patient does present with neuropathic pain for which this medication is indicated; however, there is no documentation that the medication helps this patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.

Cytotec 200mcg quantity 60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=14f73ae3-7d8d-4d10-b668-8bd5adf8032c>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68, 69.

Decision rationale: The patient presents with lower back tenderness rated 2/10 with medications and 8/10 without. The current request is for Cytotec 200mcg quantity 60 with 1 refill (Misoprostol), per the 11/14/14 report. The 11/21/14 utilization review modified this request from 1 refill to 0 refills. MTUS, non-steroidal anti-inflammatory drugs (NSAIDs), GI Symptoms and Cardiovascular Risk, pages 68, 69 state, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." For Misoprostol, MTUS states, "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent." The reports provided show the patient has been prescribed Cytotec since at least 01/27/14. The medication is not discussed. The patient has been prescribed an NSAID, Mobic, since at least 01/27/14; however, the reports provide no GI assessment as required by MTUS. In addition, the reports do not state whether or not the medication helped the patient. The MTUS

guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.

Percocet: 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; Medication for Chronic Pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with lower back tenderness rated 2/10 with medications and 8/10 without. The current request is for: Percocet (Oxycodone, an opioid), per the 11/14/14 report. MTUS Guidelines pages 88 and 89 states, "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, activities of daily livings (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. The reports show that the patient has been prescribed this medication since at least 07/18/14 and has been prescribed other opioids (Tramadol) since at least 01/27/14. The 11/14/14 report states, "Percocet/Tramadol are helping. Cold weather may be increasing the pains." The reports do show that pain is routinely assessed through the use of pain scales. Reports from 08/18/14 to 11/14/14 show pain rated 1-5 with medications and 7-9/10 without. However, no specific ADL's are mentioned to show a significant change with use of this medication. Furthermore, opiate management issues are not documented. No urine toxicology reports are provided or discussed. There is no discussion of side effects or adverse behavior. There is no mention of CURES or a pain contract. No outcome measure is provided. The 4A's have not been sufficiently documented for ADL's and opiate management as required by MTUS. Therefore, this request is not medically necessary.