

Case Number:	CM14-0213296		
Date Assigned:	12/24/2014	Date of Injury:	04/08/1999
Decision Date:	04/03/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/19/2014

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

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 59 year old male, who sustained an industrial injury on April 8, 1999. He has reported constant neck and back pain mainly in the low back. The diagnoses have included lumbar degenerative joint disease and cervical degenerative joint disease. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications, stomach protective medications and work restrictions. Currently, the IW complains of constant neck and back pain mainly in the low back. The injured worker reported an industrial injury in 1999, resulting in chronic neck and back pain. He was treated conservatively with therapies and medications. Evaluation on February 24, 2014, revealed continued pain. He requested a refill on pain medications. He was noted to have better functional status with the use of pain medications. Evaluation on May 19, 2014, revealed continued pain with a noted 50% improvement with the use of pain medications. Pain medications were renewed. He entered into a narcotic contract. Urinary drug screens were noted as appropriate. On December 2, 2014, evaluation revealed continued chronic pain. Pain medications were renewed. On December 2, 2014, Utilization Review non-certified a request for Tramadol ER 300mg #30, Lidoderm Patch 5% #30 and Norco 10/325 mg tabs #120, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 16, 2014, the injured worker submitted an application for IMR for review of requested Tramadol ER 300mg #30, Lidoderm Patch 5% #30 and Norco 10/325 mg tabs #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 300mg #30: 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 Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with constant neck and low back pain. The current request is for tramadol ER 300 mg #30. For chronic opioid use, the MTUS Guidelines page 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 4 A's including analgesia, ADLs, adverse side effects and adverse behavior. Pain assessment or outcome measures should also be provided and include current pain, average pain, least pain, intensity of pain with medication, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been utilizing tramadol since at least 05/19/2014. According to the report on this date, the patient is utilizing Ultram at night as a long-lasting analgesic. It was noted the patient "finds medications helpful" and reports "functional improvement with medications versus not taking them." The patient is under a narcotic contract and urine drug screens have been appropriate. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific or functional improvement, changes in ADLs or change in work status to document significant functional improvement. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. The requested tramadol is not medically necessary.

Lidoderm Patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: This patient presents with constant neck and low back pain. The current request is for Lidoderm patch 5% #30. The MTUS Guidelines page 57 states, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." The MTUS page 112 also states, "recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that lidocaine patches are indicated as a trial if there is evidence of localized pain that is consistent with neuropathic etiology. ODG further requires documentation of area for treatment, trial of short-term use with outcome documenting the pain and function. This patient has been prescribed lidocaine patches for patient's chronic neck and low back pain

since at least 05/19/2014. In this case, the treating physician does not document peripheral pain that is neuropathic and localized as required by MTUS for the use of lidocaine patches. This request is not medically necessary.

Norco 10/325 mg tabs #120: 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(s): 76-78, 88-89.

Decision rationale: This patient presents with constant neck and low back pain. The current request is for Norco 10/325 tabs. For chronic opioid use, the MTUS Guidelines page 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 4 A's including analgesia, ADLs, adverse side effects and adverse behavior. Pain assessment or outcome measures should also be provided and include current pain, average pain, least pain, intensity of pain with medication, 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 05/19/2014. It was noted the patient "finds medications helpful" and reports "functional improvement with medications versus not taking them." The patient is under a narcotic contract and urine drug screens have been appropriate. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific or functional improvement, changes in ADLs or change in work status to document significant functional improvement. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. The requested Norco is not medically necessary.