MAXIMUS Federal Services

Case Number:	CM14-0084317		
Date Assigned:	07/21/2014	Date of Injury:	10/16/2002
Decision Date:	01/02/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/06/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of October 16, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier lumbar spine surgery on March 20, 2014; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review report dated May 13, 2014, the claims administrator failed to approve requests for Tramadol extended release, Norco, and a follow-up visit. The claims administrator invoked Non-MTUS Official Disability Guidelines (ODG) guidelines to deny the follow-up visit and suggested that the applicant had failed to profit from ongoing opioid therapy. The claims administrator stated that its denials were based on progress notes of April 1, 2014, March 14, 2014, and March 28, 2014. The applicant's attorney subsequently appealed. On March 20, 2014, the applicant underwent a partial laminectomy at L3-L4, an exploration and fusion at L4-L5, and fusion and instrumentation at the L3-L4 level. On April 1, 2014, the applicant reported 8/10 low back pain with associated spasms and right-sided leg pain. The applicant was using Percocet at a rate of eight tablets daily, it was acknowledged. The applicant was off of work and had last worked in May 2012. The applicant stated that previous usage of Norco and Tramadol were more beneficial in terms of attenuating her pain complaints. The attending provider suggested that the applicant continue wearing a lumbar support, obtain laboratory testing, and employ a combination of extended release Tramadol and Norco for pain relief while remaining off of work, on total temporary disability. The applicant was asked to follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol section, Tramadol topic Page(s): 94, 113.

Decision rationale: TThe request in question did seemingly represent a first-time request for Tramadol initiated on April 1, 2014, i.e., some two to three weeks removed from the date the applicant underwent earlier lumbar spine surgery on March 20, 2014. While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tramadol is not recommended as a first-line oral analgesic, in this case, however, the applicant has apparently tried and failed other analgesics, including Percocet. The attending provider introduced extended release Tramadol on April 1, 2014 on the grounds that the applicant had responded favorably to the same at an earlier point in time. Page 94 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that Tramadol is indicated for moderate-to-severe pain. Here, the applicant did present with 8/10 low back pain on an office visit of April 1, 2014, i.e., in the moderate-to-severe range some two to three weeks removed from the date of earlier lumbar spine surgery. Introduction of extended-release Tramadol, thus, was indicated, for all of the stated reasons. While page 94 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest introducing extended-release Tramadol at a dose of 100 mg daily, in this case, however, the applicant was not an opioid-nave individual. The applicant was an individual acclimated to other opioids, including Percocet. The 150-mg dosage proposed here was, thus, appropriate, given the clinical context. Therefore, the request was medically necessary.

Hydrocodone/APAP 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-Acetaminophen section Page(s): 91.

Decision rationale: As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Hydrocodone-Acetaminophen, the article at issue, is indicated for moderate-to-moderately severe pain, as was present here on or around the date in question. The applicant reported 8/10 pain on April 1, 2014. The applicant was some two weeks removed from the date of earlier lumbar spine surgery on or around the date Hydrocodone-Acetaminophen was introduced. The attending provider stated that Hydrocodone-Acetaminophen was being introduced and then reintroduced to replace Percocet, which was apparently not effectual. Therefore, the request was medically necessary.

Follow up: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Head Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 79, frequent follow-up visits are "often warranted" for monitoring purposes in order to provide structure and reassurance even in applicants whose medical conditions are not expected to change appreciably from week to week. Here, the applicant was a few weeks removed from the date of earlier lumbar spine surgery on or around the date the follow-up visit in question was sought. The applicant was using several opioid analgesics. The applicant was off of work. More frequent follow-up visits were indicated here, given all of the foregoing. Therefore, the request was medically necessary.