

Case Number:	CM15-0106104		
Date Assigned:	06/10/2015	Date of Injury:	11/03/2011
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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: Emergency Medicine

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 44 year old male, who sustained an industrial injury on 11/03/2011. According to a progress report dated 04/28/2015, the injured worker was seen for a follow up visit with decreased pain in his lumbar spine and in his right leg. He was there to discuss changing from the Butrans patch to something else. He was having too many side effects including nausea and fatigue. He had a consult for his L3-4 fusion that he would be having. The surgery was not scheduled yet and he was to have further imaging prior to surgery. Norco gave him 90 percent benefit. It helped decrease his pain and helped allow him to increase his ability to function on a daily basis as well as increase his mobility. He was able to do his activities of daily living without as much discomfort. Without the Norco, his pain would increase to 7-8 on a scale of 1-10. Lumbar spine pain was rated 4 and right leg pain was rated 3. He was not currently working. He reported difficulty with sleep. Medications included Butrans, Zofran, Tramadol HCL, Zoloft, Seroquel, Clonidine and Flovent. Diagnoses included lumbosacral neuritis not otherwise specified, postlaminectomy syndrome lumbar and myospasm. Disability status was permanent and stationary. Butrans was decreased from 15 to 10mcg/hr. Tramadol was given for breakthrough pain. Zofran was given for nausea. An opiate contract was reviewed and signed by the injured worker. Currently under review is the request for Zofran 4mg #60 and Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4 mg #60: 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 Page(s): 78-79 of 127.

Decision rationale: The patient sustained an injury in November of 2011. He has subsequently been diagnosed with lumbar disc disease with significant chronic discomfort. The MTUS guidelines state that for ongoing use of opioid medications there are specific requirements needed. These requirements include not only pain relief, but functional gains seen. There is inadequate documentation revealing functional gains, side effect profile monitoring, or improvement of quality of life. Zofran is requested due to the side effects seen with opioid use. Zofran would not be needed or indicated if the patient's opioid use is titrated down. The MTUS guidelines state the following: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)" Therefore, the request is not medically necessary.

Tramadol 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80 of 127.

Decision rationale: The patient sustained an injury in November of 2011. He has subsequently been diagnosed with lumbar disc disease with significant chronic discomfort. The request is for the use of tramadol, which is a centrally acting synthetic opioid medication. The MTUS guidelines state that for ongoing use of opioid medications there are specific requirements needed. These requirements include not only pain relief but functional gains seen. There is

inadequate documentation revealing functional gains or improvement of quality of life. There is clinical evidence to support short-term use of tramadol for pain relief in chronic back pain but limited efficacy beyond 16 weeks. There also is inadequate evidence, which shows functional gains seen in patients who take tramadol long-term. For these reasons, the use of tramadol would not be medically necessary.