

Case Number:	CM15-0107485		
Date Assigned:	06/12/2015	Date of Injury:	12/04/1997
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/04/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old female, who sustained an industrial injury on 12/4/97. She reported initial complaints of neck pain. The injured worker was diagnosed as having cervical radiculopathy; lumbar radiculopathy; lumbar HNP with myelopathy; cubital tunnel syndrome. Treatment to date has included physical therapy; medications. Diagnostics included MRI cervical spine (2/17/11) MRI lumbar spine (3/31/06; 12/12/08; 2/17/11; 1/13/15); EMG/NCV bilateral lower extremities (5/26/09); X-rays cervical spine (12/3/14); X-rays left shoulder (12/3/14). Currently, the PR-2 notes dated 5/6/15 indicated the injured worker complains of intractable neck pain due to a work injury. She is being seen on this date for a flare-up of symptoms. The provider notes treatment to date has been physical therapy and medications. The injured worker describes her pain with duration as constant and severe with profound limitations. Pain radiation to the right upper extremity and shoulder associated with numbness, tingling to the left upper extremity with weakness to both hands. The pain is hot and burning pain traveling to the right upper extremity. She is currently employed but current symptoms are above her baseline pain. The back pain is reviewed along with x-rays, MRI, EMG/NCV dated 5/26/09. Her quality of lumbar pain is described as stabbing with duration of pain intermittent. The severity of symptoms is mild to moderate with radiation of pain to both lower extremities. A lumbar support is helping well and allows partial pain relief. The provider lists current

medications as: Fioricet, Soma; Motrin; Fiorinal with Codeine; Flexeril; Aleve and Ultracet. Physical examination of the cervical spine notes tenderness to the mid, lower cervical and upper thoracic spine on palpation. Her range of motion is normal with pain. He documents diagnostic studies and notes an MRI of the lumbar spine dated 1/13/15 impression as L5-S1 grade 2 isthmic spondylolisthesis with severe facet arthrosis. Bilateral severe foraminal stenosis and compression of exiting L5 nerve root on both sides. There is no spinal stenosis. L4-L5 asymmetrical left lateral disc bulge and facet arthrosis and mild left foraminal stenosis. There is no spinal stenosis or neural compression. X-rays of the cervical spine dated 12/3/14 reveal disc narrowing at C4-C5 and to a greater degree at C6-C7 with mild anterior spondylosis identified. The provider's treatment plan reviews that epidural steroid injections have been denied and remarks that further diagnostic testing is indicated. He has requested an EMG/NCV of the lower extremities. He is also requesting authorization of medications: Vicodin 300/5mg #30 and Tramadol 325mg (Ultracet) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 300/5mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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. " Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. This patient has been an ultracet long term and recently in 5/2015, the provider wished to start Vicodin in order to control a pain flare-up. There was no documentation of establishment of functional goals on this narcotic pain medications. Furthermore, even on Ultracet (which is a mu opioid agonist) there should be improvement in function that was clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Finally, there should be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. The request is not medically necessary.