

Case Number:	CM15-0107661		
Date Assigned:	06/12/2015	Date of Injury:	02/18/2004
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
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 52 year old female who reported an industrial injury on 2/18/2004. Her diagnoses, and/or impressions, are noted to include: cervical radiculopathy; and tendonitis. No current imaging studies are noted. Her treatments have included medication management; and rest from work. The progress notes of 3/2/2015 reported a follow-up visit for her chronic bilateral shoulder, neck, left hand and wrist pain that is increased with weather changes, and improved with medications. She reported taking Tramadol for moderate pain and Hydrocodone for severe pain and that the combination of the two controls her pain quite well. Objective findings were noted to include positive Spurling's on the left cervical spine that was also tender and with positive twitch, and is with painful range-of motion; decreased left upper extremity strength; and left "AC" joint tenderness and decreased range-of-motion. The physician's requests for treatments were noted to include the continuation of Hydrocodone and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP (acetaminophen) 5/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Although the progress notes have a general statement which discusses how the 4 A's are monitored in each patient in the pain clinic, the medical records do not include 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.

Tramadol HCL (hydrochloride) 50 mg Qty 120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, opioids Page(s): 75-80, 94.

Decision rationale: Tramadol is an atypical mu opioid agonist. 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. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Although the progress notes have a general statement which

discusses how the 4 A's are monitored in each patient in the pain clinic, the medical records do not include 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.

Polyethylene Glycol powder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CPMTG, Prophylaxis for Constipation Page(s): 77-78.

Decision rationale: With regard to the request for Polyethylene glycol powder, the CPMTG does have general guidelines for stool softeners and laxatives. This request is an oral solution, which is a laxative that works by softening the stool and increasing the frequency of bowel movements by retaining water in the stool. Specific contraindications to polyethylene glycol powder are for those who are allergic to any ingredient in polyethylene glycol-3350 powder, or those with bowel obstruction. Since the patient is on opioid medications, prophylaxis for constipation is appropriate per CPMTG. However, this request is incomplete as the quantity of Miralax is not specified. This should be resubmitted with the correct specifications of quantity. The original request is not medically necessary.