

Case Number:	CM15-0134954		
Date Assigned:	07/28/2015	Date of Injury:	02/13/2004
Decision Date:	08/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61-year-old male patient who sustained an industrial injury 02/13/2004. The diagnoses include neural encroachment L5-S1 with radiculopathy, refractory. According to the progress notes dated 7/07/15, he had complaints of low back pain with lower extremity symptoms, left greater than right. According to the progress notes dated 5/12/15, he had complaints of low back pain with lower extremity symptoms, left greater than right. He had complaints of instability due to lower extremity neurological issues, resulting in falls and near falls. He also reported increasing right shoulder pain rated 5/10. Physical examination revealed tenderness of the lumbar spine with range of motion decreased in all planes, positive straight leg raise for left leg pain to the foot and on the right for pain to the distal calf; decreased spasm in the lumbar paraspinal muscles. Medications were effective and included hydrocodone (for severe pain), Tramadol ER, Naproxen, pantoprazole and Cyclobenzaprine. He has undergone lumbar decompressive surgery. Treatment to date has included medications, chiropractic, physical therapy, TENS unit and bracing. He has had urine drug screen on 2/20/15 and 3/13/2015 with consistent findings. A request was made for physical therapy three times a week for 4 weeks for the lumbar spine; Tramadol 100mg, #60 and Hydrocodone 10mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Page 75-80 Opioids page 74 Short-acting opioids page 75.

Decision rationale: Q-- Hydrocodone 10mg #30 Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition according to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Patient had chronic low back pain with lower extremity symptoms. He has significant objective findings on physical examination-tenderness of the lumbar spine with range of motion decreased in all planes, positive straight leg raise for left leg pain to the foot and on the right for pain to the distal calf. He has a significant history of lumbar surgery. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Patient is already taking non-opioid medications including Naproxen and Cyclobenzaprine. Patient has no evidence of aberrant behavior. Patient has improved pain with his current medications. Patient has had a urine drug screen on 2/20/15 and 3/13/2015 with consistent findings. In addition, patient is taking hydrocodone as prn for severe pain only. Therefore, based on the clinical information obtained for this review the request for Hydrocodone 10mg #30 is deemed medically necessary for this patient at this time for prn use.

Physical therapy x12 visits, 3x4 weeks for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: Q-- Physical therapy x12 visits, 3x4 weeks for lumbar. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining

rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy x12 visits, 3x4 weeks for lumbar is not medically necessary for this patient at this time.

Tramadol 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics, Page 82, Opioids for neuropathic pain.

Decision rationale: Q-- Tramadol 100mg #60 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Patient had chronic low back pain with lower extremity symptoms. He has significant objective findings on physical examination-tenderness of the lumbar spine with range of motion decreased in all planes, positive straight leg raise for left leg pain to the foot and on the right for pain to the distal calf. He has a history of lumbar surgery. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 100mg #60 is medically necessary to use as prn during acute exacerbations.