MAXIMUS Federal Services

Case Number:	CM15-0143030		
Date Assigned:	08/03/2015	Date of Injury:	03/17/2003
Decision Date:	09/04/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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

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 female patient who sustained an industrial injury on March 17, 2003. A recent primary treating office visit dated June 19, 2015 reported subjective complaint of chronic low back pain. The patient has a standing history of lumbar degenerative disc disease with radiculopathy and facet osteoarthritis. She states the pain has increased since last month. She further states that radiofrequency ablations control the pain adequately. The patient did undergo a bilateral L4-5 radiofrequency ablation about 10 months prior with a noted 75 % reduction of pain over a six month span. She was able to decrease use of narcotics and was provided functional improvement and increased ability to perform duty. There is recommendation to repeat the ablation procedure as there was good benefit from the last administration. Current medications are: Norco 10mg 325 mg; Neurontin 300 mg; Lidoderm patches; Ibuprofen, and Tramadol. The following diagnoses were applied: degeneration of lumbar or lumbosacral intervertebral disc; lumbago; other back symptoms; displacement of lumbar intervertebral disc without myelopathy; spasm of muscle; myalgia and myositis, unspecified; chronic pain syndrome, and lumbar facet joint pain. The plan of care noted continuing with conservative measures to include: application heat and ice, gentle stretching and exercise tolerated without exacerbating the pain. She is to continue with current medication regimen. Both Norco and Ultram noted prescribed this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use, On-going Management; Weaning of Medications Page(s): 76-80, 91, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 44 year old patient complains of lower back pain, rated at 6-7/10 with medications and 9/10 without medications, as per progress report dated 06/19/15. The request is for NORCO 10/325 mg #120. The RFA for this case is dated 06/19/15, and the patient's date of injury is 03/17/03. Diagnoses, as per progress report dated 06/19/15, included degeneration of lumbar or lumbosacral intervertebral disc, lumbago, other symptoms referable to back, displacement of lumbar intervertebral disc, spasm of muscle, myalgia and myositis, chronic pain syndrome, and lumbar facet joint pain. As per progress report, dated 04/22/15, the patient also suffers from cervical strain and has benefited from chiropractic care. The report documents the patient's work status as permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 03/28/15. Prior reports document the use Tramadol, thereby indicating that the patient has been on opioid therapy for several months. As per progress report dated 03/28/15, medications are able to reduce pain by 30-50%, and when combined with rest, they help the patient complete ADLs, such as walking, shopping, driving, and light household chores, effectively. The treater states that "She is able to manage her ADLs for 45 minutes before needing rest." In the most recent report dated 06/19/15, the treater states that the pain medication regimen helps reduce pain from 9/10 to 6-7/10 and leads to reduction in pain, increased activity tolerance, and restoration of partial overall functioning. However, in the same report, the treater states that "Medications are not as effective due to increased pain. The patient pain is controlled well with radiofrequency." No UDS and CURES reports have been provided for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain

secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Tramadol (Ultram); Opioids, criteria for use, On-going Management; Weaning of Medications Page(s): 76-80, 91, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 44 year old patient complains of lower back pain, rated at 6-7/10 with medications and 9/10 without medications, as per progress report dated 06/19/15. The request is for ULTRAM 50 mg #120. The RFA for this case is dated 06/19/15, and the patient's date of injury is 03/17/03. Diagnoses, as per progress report dated 06/19/15, included degeneration of lumbar or lumbosacral intervertebral disc, lumbago, other symptoms referable to back, displacement of lumbar intervertebral disc, spasm of muscle, myalgia and myositis, chronic pain syndrome, and lumbar facet joint pain. As per progress report, dated 04/22/15, the patient also suffers from cervical strain and has benefited from chiropractic care. The report documents the patient's work status as permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the patient has been taking Tramadol at least since 12/17/14, thereby indicating that the patient has been on opioid therapy for several months. As per progress report dated 03/28/15, medications are able to reduce pain by 30-50%, and when combined with rest, they help the patient complete ADLs, such as walking, shopping, driving, and light household chores, effectively. The treater states that "She is able to manage her ADLs for 45 minutes before needing rest." In the most recent report dated 06/19/15, the treater states that the pain medication regimen helps reduce pain from 9/10 to 6-7/10 and leads to reduction in pain, increased activity tolerance, and restoration of partial overall functioning. However, in the same report, the treater states that medications are not as effective due to increased pain the patient pain is controlled well with radiofrequency. No UDS and CURES reports have been provided for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. MTUS p80, 81 states regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.