

Case Number:	CM15-0148932		
Date Assigned:	08/12/2015	Date of Injury:	12/19/2011
Decision Date:	09/15/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/31/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 31 year old female, who sustained an industrial injury on December 19, 2011. She reported neck pain and low back pain. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, left lumbar 5 and sacral 1 radiculitis secondary to left lumbar 5-sacral 1 paracentral disc herniation and lumbar 3-4 and 4-5 desiccated disc bulges without evidence of instability or nerve root entrapment. Treatment to date has included diagnostic studies, mechanical lumbar traction, cervical facet blocks, lumbar epidural steroid injections, lumbar facet blocks, caudal injections and traditional epidural steroid injections, sacroiliac injections, radiofrequency neurolysis, extensive physical therapy, medications and work restrictions. Currently, the injured worker continues to report headaches, neck pain, low back pain and left lower extremity pain with associated throbbing numbness. She also reported urinary incontinence at times. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on May 8, 2015, revealed continued pain as noted. She rated her neck pain at 4-5, her low back pain at 4 and her head pain at 5 on a 1-10 scale each up to 9 on a 1-10 scale during acute exacerbations. She continued to miss work intermittently. Norco, Cyclobenzaprine and tramadol were continued. Evaluation on June 25, 2015, revealed 80% relief from previous visit status post lumbar transforaminal epidural injection. She rated her neck pain at 2-5 on a 1-10 scale with 10 being the worst and 9 during acute episodes, her low back pain at 4 on a 1-10 scale and up to 9 during exacerbations and her head pain at 5-10 on a 1-10 scale with 10 being the worst. It was noted a combination of physical therapy and medication provided significant relief

however she developed intermittent urinary incontinence. Evaluation on August 13, 2015, revealed continued pain with associated symptoms as noted. It was noted she was working full time and was required to travel and drive. It was noted she missed work intermittently. Norco, Flexeril and Tramadol were continued. Cyclobenzaprine 10 mg Qty 90 with 1 refill, 1 by mouth every 8 hrs as needed, Norco 10/325 mg Qty 120 with 1 refill, 1 tab 4 times daily as needed and Tramadol 50 mg Qty 240, 1-2 by mouth every 4-6 hrs as needed were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120 with 1 refill, 1 tab 4 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Cyclobenzaprine 10 mg Qty 90 with 1 refill, 1 by mouth every 8 hrs as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63-66.

Decision rationale: According to California (CA) MTUS Guidelines Cyclobenzaprine is a second line treatment secondary to high risk of adverse events. Cyclobenzaprine is recommended for short-term use and to treat acute exacerbations or flare-ups. It was reported the injured worker had been using this medication for months with no noted improvement in functionality or

the ability to perform activities of daily living and no noted decrease in pain frequency or intensity. In addition, the amount requested suggests the intention of long term use. Cyclobenzaprine is not medically necessary.

Tramadol 50 mg Qty 240, 1-2 by mouth every 4-6 hrs as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS Guidelines Tramadol is a centrally-acting opioid analgesic recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed centrally-acting opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Tramadol. For these reasons, the request for Tramadol is not medically necessary.