MAXIMUS Federal Services

Case Number:	CM15-0160111		
Date Assigned:	08/26/2015	Date of Injury:	03/13/1998
Decision Date:	10/02/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/17/2015

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 69 year old female, who sustained an industrial injury on 3-13-1998, resulting from a physical assault. The injured worker was diagnosed as having T8 burst fracture with 90% loss of vertebral body height, T7 burst fracture acute, status post L4-5 fusion with pseudoarthrosis, lumbar degenerative disc disease, lumbar radiculopathy, chronic pain syndrome, and right sacroiliitis. Treatment to date has included diagnostics, lumbar spinal surgery, lumbar epidural injection, lumbar medial branch block, and medications. Currently (per most recent progress report 6-19-2015), the injured worker complains of persistent pain in her neck and mid- low back, currently rated 6 out of 10, but ranging from 5-9 out of 10. She reported radiation of low back pain to her lower extremities, right greater than left. She reported that right lower extremity symptoms caused her to not trust herself to walk and she sometimes used a wheelchair. Her activity level was severely limited because of her pain but she maintained to do as much as possible. Medications included Flexeril, Norco, and Voltaren gel. She denied side effects from medications. She was interested in a spinal cord stimulator trial. She was retired and work status was permanent and stationary. The rationale for the use of Tramadol ER, a Toradol injection, and the continued use of Norco was not noted. A CURES report (5-06-2015) noted Percocet and Meloxicam as prescribed at [redacted]. She was counseled and given a warning. Urine toxicology (3-04-2015) was documented as consistent with Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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

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: Based on the 06/19/15 progress report provided by treating physician, the patient presents with pain to neck and low back pain that radiates to the bilateral lower extremities, right greater than left. The patient is status post lumbar fusion L4-5, date unspecified. The request is for NORCO 10/325MG #90. RFA with the request not provided. Patient's diagnosis on 06/19/15 includes T8 burst fracture 90% loss of vertebral body height, acute T7 burst fracture, T12 burst fracture 80% loss of vertebral body height, degenerative disc disease of the lumbar spine, lumbar radiculopathy, chronic pain syndrome and right sacroiliitis. The patient utilizes a seated walker, wheelchair and cane for ambulatory assistance and presents with an antalgic gait. Physical examination on 06/19/15 revealed tenderness over thoracic paraspinals and right SI joint. Positive FABER and decreased sensation to right L5 dermatome. Treatment to date has included surgery, imaging studies, physical therapy, injections and medications. Medications include Flexeril, Norco, and Voltaren gel. The patient is retired from work and remains permanent and stationary, per 06/19/15 report. 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 p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs."Norco has been included in patient's medications, per progress reports dated 03/31/15, 04/07/15, and 06/19/15. It is not known when this medication was initiated. Per 06/19/15 report, treater states "medications reduce her pain from 9/10 to 5/10 and allows [the patient] to do household chores, walking, turning side to side and occasional gardening. She is able to perform her daily activities, such as sweeping and going outside with less pain with the Norco." Per 04/01/15 report, CURES is dated 01/07/15, UDS dated 08/21/14 was consistent, and there is not aberrant behavior. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Tramdol ER 100mg #60: Upheld

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

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: Based on the 06/19/15 progress report provided by treating physician, the patient presents with pain to neck and low back pain that radiates to the bilateral lower extremities, right greater than left. The patient is status post lumbar fusion L4-5, date unspecified. The request is for TRAMADOL ER 100MG #60. Patient's diagnosis on 06/19/15 includes T8 burst fracture 90% loss of vertebral body height, acute T7 burst fracture, T12 burst fracture 80% loss of vertebral body height, degenerative disc disease of the lumbar spine, lumbar radiculopathy, chronic pain syndrome and right sacroiliitis. The patient utilizes a seated walker, wheelchair and cane for ambulatory assistance and presents with an antalgic gait. Physical examination on 06/19/15 revealed tenderness over thoracic paraspinals and right SI joint. Positive FABER and decreased sensation to right L5 dermatome. Treatment to date has included surgery, imaging studies, physical therapy, injections and medications. Medications include Flexeril, Norco, and Voltaren gel. The patient is retired from work and remains permanent and stationary, per 06/19/15 report. 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 p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Treater has not provided reason for the request. RFA with the request not provided, either. It appears treater is initiating Tramadol, since this medication is not mention in provided medical records. In this case, the patient is already being prescribed Norco. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Furthermore, treater has not provided discussion on aim of use or potential benefits and side effects, which are required when initiating opiates for chronic pain. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

One toradol injection 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: Based on the 06/19/15 progress report provided by treating physician, the patient presents with pain to neck and low back pain that radiates to the bilateral lower extremities, right greater than left. The patient is status post lumbar fusion L4-5, date unspecified. The request is for ONE TORADOL INJECTION 30MG. RFA with the request not provided. Patient's diagnosis on 06/19/15 includes T8 burst fracture 90% loss of vertebral body height, acute T7 burst fracture, T12 burst fracture 80% loss of vertebral body height, degenerative disc disease of the lumbar spine, lumbar radiculopathy, chronic pain syndrome and right sacroiliitis. The patient utilizes a seated walker, wheelchair and cane for ambulatory assistance and presents with an antalgic gait. Physical examination on 06/19/15 revealed tenderness over thoracic paraspinals and right SI joint. Positive FABER and decreased sensation to right L5 dermatome. Treatment to date has included surgery, imaging studies, physical therapy, injections and medications. Medications include Flexeril, Norco, and Voltaren gel. The patient is retired from work and remains permanent and stationary, per 06/19/15 report. MTUS, NSAIDs, specific drug list & adverse effects Section, page 72, regarding Toradol states: "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, 118-122, "Intramuscular ketorolac vs oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. Treater has not provided reason for the request. RFA with the request not provided, either. In this case, treater does not discuss why the patient needs Toradol injection as opposed to taking an oral NSAID, which provides comparable levels of analgesia. Additionally, MTUS does not recommend this medication for "minor or chronic pain." Provided medical records do not indicate that this injection is for an acute episode of pain. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.