

Case Number:	CM15-0163891		
Date Assigned:	09/01/2015	Date of Injury:	04/16/2011
Decision Date:	10/15/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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 46 year old female, who sustained an industrial injury on 4-16-11. She reported right knee, back and neck pain after tripping falling. The injured worker was diagnosed as having thoracic-lumbosacral neuritis, lumbar spinal stenosis and intervertebral disc disorder with myelopathy. Treatment to date has included oral medications including Naproxen 550mg, Prilosec 20mg, Norco 10-325mg, Fexmid 7.5mg, Tramadol ER 150mg, Atenolol 50mg and Medrol dose pack; and activity modifications. X-rays of lumbar spine performed on 5-16-15 revealed lower laminar space degenerative disc disease at L4-5, small L3-4 spondylolisthesis and multilevel lower lumbar joint facet osteoarthritis. (MRI) magnetic resonance imaging of lumbar spine performed on 5-16-15 revealed multilevel degenerative disc disease, multi-facet joint osteoarthritis and partially imaged left adnexal lesions which may represent ovarian cysts. Currently on 7-1-15, the injured worker reports falling due to left quad weakness and foot drop. Physical exam performed on 7-1-15 revealed some resistance of left quadriceps and bilateral thigh numbness. A request for authorization was submitted on 7-23-15 for Norco 10- 325mg #120 and Tramadol 300mg #30.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

Decision rationale: The 46 year old patient presents with thoracic/lumbosacral neuritis, lumbar spinal stenosis with neurogenic claudulation, and intervertebral disc displacement with lumbar myelopathy, as per progress report dated 07/01/15. The request is for NORCO 10/325mg #120. The RFA for this case is dated 07/23/15, and the patient's date of injury is 04/16/11. As per QME report, dated 05/29/15, the patient complains of pain in the cervical spine, rated at 4-5/10, pain in the lumbar spine, rated at 7/10, and right knee pain, rated at 4/10. As per progress report dated 03/16/15, the lower back pain radiated to bilateral thighs. Medications, as per progress report dated 07/01/15, included Medrol, Naproxen, Prilosec, Norco, Fexmid, Tramadol, and Atenolol. The patient is temporarily totally disabled, as per progress report dated 07/01/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, some of the reports have been poorly copied and are difficult to decipher. A prescription for Norco is first noted in progress report dated 03/16/15. While it is evident that the patient has been taking the medication consistently since then, it is not clear when opioid therapy was initiated. The patient is not at "increased risk" of problematic opioid usage, as per QME report dated 05/29/15. The treater, however, does not discuss efficacy of the medication. There is no documentation of change in pain scale that demonstrates reduction in pain nor does the treater provide specific examples that indicate improvement in the patient's ability to perform ADLs due to the use of this medication. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS, however, requires documentation of objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. Additionally, MTUS p 80, 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.

Tramadol 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 46 year old patient presents with thoracic/lumbosacral neuritis, lumbar spinal stenosis with neurogenic claudication, and intervertebral disc displacement with lumbar myelopathy, as per progress report dated 07/01/15. The request is for TRAMADOL 300mg #30. The RFA for this case is dated 07/23/15, and the patient's date of injury is 04/16/11. As per QME report, dated 05/29/15, the patient complains of pain in the cervical spine, rated at 4-5/10, pain in the lumbar spine, rated at 7/10, and right knee pain, rated at 4/10. As per progress report dated 03/16/15, the lower back pain radiated to bilateral thighs. Medications, as per progress report dated 07/01/15, included Medrol, Naproxen, Prilosec, Norco, Fexmid, Tramadol, and Atenolol. The patient is temporarily totally disabled, as per progress report dated 07/01/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding 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. In this case, some of the reports have been poorly copied and are difficult to decipher. A prescription for Tramadol is first noted in progress report dated 03/16/15. While it is evident that the patient has been taking the medication consistently since then, it is not clear when opioid therapy was initiated. The patient is not at "increased risk" of problematic opioid usage, as per QME report dated 05/29/15. The treater, however, does not discuss efficacy of the medication. There is no documentation of change in pain scale that demonstrates reduction in pain nor does the treater provide specific examples that indicate improvement in the patient's ability to perform ADLs due to the use of this medication. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Tramadol as well. MTUS, however, requires documentation of objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. Additionally, MTUS p 80, 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.