MAXIMUS Federal Services

| Case Number: | CM15-0164150 | | |
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| Date Assigned: | 09/01/2015 | Date of Injury: | 10/17/2013 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 07/30/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

## 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 45 year old male injured worker suffered an industrial injury on 10-17-2013. The diagnoses included. The treatment included. The diagnostics included lumbar magnetic resonance imaging. On 70-6-2015 the treating provider reported low back pain with increased left lower extremity symptoms rated 8 out of 10. He reported instability and near falls and an actual fall. There was reported a gradual increase in motor and sensory deficit of the left lower extremity. The medications facilitated maintenance of activities of daily living. Without medication there was frequent inability to adhere to the exercise program, the hydrocodone decreased pain an average of 4 to 5 points with significant objective improvement included increase tolerance to exercise and greater range of motion. The NSAID does facilitate improved range of motion and decreased pain an additions 3 point average. Cyclobenzaprine decreased spasms for approximately 4 to 6 hours facilitating marked improvement in range of motion, increased tolerance to exercise and additional decreased in overall pain an average 3 to 4 points. The provider reported there was compliance of ongoing monitoring of patient consuming narcotic analgesics included aberrant drug taking behaviors and consistent urine drug screens. It was not clear if the injured worker had returned to work. The requested treatments included Tramadol, Anaprox, Keflex and Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, 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. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. In this case, there was a risk assessment for aberrant drug use. However, there was no documentation of significant pain relief or increased function from the opioids used to date. In this case, there was a risk assessment for aberrant drug use. Tramadol is not medically necessary.

**Anaprox 550mg #60:** 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): NSAIDs (non-steriodal anti-inflammatory drugs).

**Decision rationale:** Anaprox is a non-steroidal anti-inflammatory medication (NSAID). This type of medication is recommended for the treatment of chronic pain as a second line of therapy after acetaminophen. The documentation indicates the patient has been maintained on long-term NSAID therapy and there has been no compelling evidence presented by the provider to document that the patient has had any significant improvements from this medication. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**Keflex 500mg #28:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cephalexin (Keflex).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) infectious disease, Keflex.

**Decision rationale:** Keflex (Cephalexin) is in a group of drugs called cephalosporin antibiotics. It recommended as first-line treatment for cellulitis and other conditions. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive S. aureus, cephalexin is recommended, as well as for penicillin allergic patients that can tolerate cephalosporins. There was no evidence of any infectious process in the medical record and no evidence in the medical record for an indication. Medical necessity for the requested medication was not established. The requested medication is not medically necessary.

**Norco 10/325mg #60:** 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 for chronic pain.

**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. 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.