MAXIMUS Federal Services

Case Number:	CM15-0186291		
Date Assigned:	09/28/2015	Date of Injury:	05/26/1996
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/22/2015

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 50 year old male, who sustained an industrial injury on May 26, 1996. He reported injury to his low back. The injured worker was currently diagnosed as having multilevel lumbar discopathy and status post lumbar fusion at L5-S1 with mechanical low back pain. Treatment to date has included exercise, medication, diagnostic studies and surgery. On July 31, 2015, the injured worker was noted to be doing well overall. He stated that his low back pain level was manageable, rating the pain a constant 5 on a 1-10 pain scale. He reported right leg pain rated a 7 on the pain scale. He denied any radicular symptomatology. On the day of the exam, notes stated that he was not currently working. The injured worker was noted to have a chronic condition. Physical examination of the lumbar spine revealed tenderness over the paraspinous musculature on the left and midline tenderness over the lumbar spine. Muscle spasm was noted over the lumbar region. Lumbar spine range of motion included flexion 30 degrees, extension 20 degrees, right rotation 25 degrees, left rotation 25 degrees, right tilt 20 degrees and left tilt 20 degrees. Supine straight leg raise test was positive at 80 degrees on the right and positive at 70 degrees on the left. Seated straight leg raise test was positive at 80 degrees on the right and positive at 70 degrees on the left. The combination of his Ultram and Norco medication was noted to be beneficial. Norco was noted to reduce the pain to the point that allows him to perform some activities of daily living and provides relief with his moderate to severe pain. The treatment plan included Ultram, Norco and an orthopedic re-evaluation. On August 28, 2015, utilization review denied a request for Ultram 50mg #60 with two refills, Norco 10-325mg #15 and orthopedic re-evaluation for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 MG Qty 60 with 2 Refills: 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: Based on the 07/31/15 progress report provided by treating physician, the patient presents with low back pain rated 5/10 and right leg pain rated 7/10. The patient is status post lumbar fusion L5-S1 on unspecified date. The request is for ULTRAM 50 MG QTY 60 WITH 2 REFILLS. Patient's diagnosis per Request for Authorization form dated 01/15/15 and 07/31/15 includes multilevel lumbar discopathy. Physical examination to the lumbar spine on 07/31/15 revealed tenderness to palpation and spasm to the paraspinal musculature and decreased range of motion. Treatment to date has included surgery, exercise, diagnostic studies and medications. Patient's medications include Norco and Ultram. The patient is permanent and stationary, per 07/31/15 report. 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 4 A's (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, p77, 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, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Ultram was included in patient's medications, per RFA dated 01/15/15 and progress reports dated 04/10/15, 06/26/15 and 07/31/15. It is not known when this medication was initiated. Per 07/31/15 report, treater states "We prescribed the patient 15 tablets of Norco per month and he breaks these in half. This combined with the Ultram 50mg have been beneficial. So at this time, we are going to renew Norco and Ultram. Norco has been effective because it reduces the pain to the point where it allows the patient to perform activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain." UDS dated 06/29/15 demonstrated consistent results. In this case, treater has not stated how Ultram (Tramadol) reduces pain and significantly improves patient's activities of daily living. There are no before and after pain scales or validated instruments addressing analgesia. MTUS states that

"Function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. UDS dated 06/29/15 demonstrated consistent results, but no opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4 A's. Furthermore, MTUS does not clearly support chronic opiate use for the patient's chronic low back pain condition. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Norco 10/325 MG Qty 15: 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: Based on the 07/31/15 progress report provided by treating physician, the patient presents with low back pain rated 5/10 and right leg pain rated 7/10. The patient is status post lumbar fusion L5-S1 on unspecified date. The request is for NORCO 10/325 MG QTY 15. Patient's diagnosis per Request for Authorization form dated 01/15/15 and 07/31/15 includes multilevel lumbar discopathy. Physical examination to the lumbar spine on 07/31/15 revealed tenderness to palpation and spasm to the paraspinal musculature and decreased range of motion. Treatment to date has included surgery, exercise, diagnostic studies and medications. Patient's medications include Norco and Ultram. The patient is permanent and stationary, per 07/31/15 report. 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 4 A's (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, p77, 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Norco was included in patient's medications, per RFA dated 10/17/14, and progress reports dated 01/15/15 and 07/31/15. It is not known when this medication was initiated. Per 07/31/15 report, treater states "We prescribed the patient 15 tablets of Norco per month and he breaks these in half. This combined with the Ultram 50mg have been beneficial. So at this time, we are going to renew Norco and Ultram...Norco has been effective because it reduces the pain to the point where it allows the patient to perform activities of daily living. The medication is helping provide relief

with the patient's moderate to severe pain." UDS dated 06/29/15 demonstrated consistent results. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no before and after pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. UDS dated 06/29/15 demonstrated consistent results, but no opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4 A's. Furthermore, MTUS does not clearly support chronic opiate use for the patient's chronic low back pain condition. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Orthopedic Re-Evaluation for The Lumbar Spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

Decision rationale: Based on the 07/31/15 progress report provided by treating physician, the patient presents with low back pain rated 5/10 and right leg pain rated 7/10. The patient is status post lumbar fusion L5-S1 on unspecified date. The request is for ORTHOPEDIC RE-EVALUATION FOR THE LUMBAR SPINE. Patient's diagnosis per Request for Authorization form dated 01/15/15 and 07/31/15 includes multilevel lumbar discopathy. Physical examination to the lumbar spine on 07/31/15 revealed tenderness to palpation and spasm to the paraspinal musculature and decreased range of motion. Treatment to date has included surgery, exercise, diagnostic studies and medications. Patient's medications include Norco and Ultram. The patient is permanent and stationary, per 07/31/15 report. MTUS guidelines, Introduction, Pain Outcomes and Endpoints section, page 8 has the following: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In regard to the consultation with an orthopedic specialist for this patient's lumbar spine complaint, the request is appropriate. This patient presents with continuing disability and pain to the lumbar spine secondary to industrial injury and has a significant surgical history of lumbar fusion. ACOEM and MTUS guidelines indicate that such consultations are supported at the

care provider's discretion. Given this patient's ongoing complaints and surgical history, the provider is justified in seeking regular re-assessments to ensure the effectiveness of any medical interventions. Therefore, the request IS medically necessary.