

Case Number:	CM15-0186307		
Date Assigned:	09/28/2015	Date of Injury:	06/12/2013
Decision Date:	11/09/2015	UR Denial Date:	08/19/2015
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 49-year-old female with an industrial injury date of 06-12-2013. Medical record review indicates she is being treated for sprain-strain lumbar region and lumbosacral spondylosis. Subjective complaints (07-20-2015) included low back pain. The pain is described as an "aching and stabbing sensation" in the lower lumbar spine radiating to the left buttock with occasionally numbness and pain in the right foot. "No specific radicular symptoms reported." The injured worker also reported she had started to develop back spasms again and she was losing sleep due to her pain. The pain rating (07-20-2015) is documented as 7 out of 10. The treating physician indicates the injured worker has been managing with Ultracet using 2 tablets up to every 6 hours. The treating physician also noted "up to 50% improvement with pain scores, as well as improved functional tolerance allowing her to work and stay active with her house chores." "Has appropriate pain management and functional improvement." Prior progress notes dated 05-18-2015 indicate pain rating of 5 out of 10 with a range between 3-8 and 04-06-2015 progress note documents pain as 3-4 out of 10. Review of the medical records does not indicate the least reported pain since last exam, average pain, and intensity after taking medication, time of onset or duration of pain medications. Work status on 07-20-2015 is documented as: "At this time still currently working." Her medications included Venlafaxine and Ultracet. Lidoderm patches were documented as "not effective" and were discontinued at the 05-18-2015 visit. She also had a trial of topical compounding cream with "no benefits" (07-20-2015). Physical exam (07-20-2015 findings are documented as alert and oriented times 3. Flexes with fingers going to toes without increased pain, extends to 20 degrees with back pain. Sensation, reflexes and motor testing are documented as intact in both lower extremities. Straight leg raising, Gaenslen's and pelvic rock test are documented as negative with Faber's maneuver positive on the left. Prior

treatments are documented as "positive responses" to facet blocks and medial branch blocks and "negative response to radio frequency ablation. Equivocal response to Lidoderm patches without significant improvement. "No benefits with topical compounding cream." The injured worker had also completed Functional Restoration Program. The treating physician documented there were no adverse reactions were reported. "Side effects were discussed and appropriate instructions were provided." In the progress note dated 02-09-2015 the treating physician noted: "Currently her use of Tramadol is regulated enough to prevent dependency." "She is able to discontinue the medication on days when she is not working." Review of medical records does not indicate urine drug screens. The treatment plan included transitioning to long acting Tramadol, "as there is appropriate pain management with use of shorting-acting Ultracet, but having difficulty with sleep related to pain as well as tolerance during the day." The treating physician also recommended starting with Ultram ER 100 mg nightly times 1 week and if not substantial improvement can titrate up to 200 mg nightly. "Goal is to reduce use of shorting acting Ultracet, provide more stable pain management and improved function." The requested treatments are: Ultram ER 100 mg Qty 60 with one refill. Ultracet 37.5/325 mg Qty 120 with one refill. On 08-19-2015 utilization review issued the following decision: Ultram ER 100 mg Qty 60 with one refill – denied. Ultracet 37.5/325 mg Qty 120 with one refill - one time authorization for Ultracet 37,5-325 mg quantity of 120 with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg Qty 60 with one refill: 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 patient presents on 07/20/15 with lower back pain rated 7/10. The patient's date of injury is 06/12/13. Patient is status post facet and medial branch blocks at dates unspecified. The request is for Ultram ER 100MG QTY 60 with one refill. The RFA is dated 08/12/15. Physical examination dated 07/20/15 reveals tenderness to palpation of the posterior superior illiac spine on the left, and positive Faber's maneuver on the left. The patient is currently prescribed Venlafaxine and Ultracet. Patient is currently classified as permanent and stationary. 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, 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." In regard to the Ultram for the management of this patient's chronic pain, the request is not supported per MTUS guidelines. Per progress note dated 07/20/15 the provider does include documentation that narcotic medications reduce this patient's pain by 50 percent. The provider also notes that medications allow her to work and stay active with house chores, evidence of functional improvement. However, the provider does not specifically state that this patient lacks aberrant behavior or address urine drug screen consistency to date. In this case, 4A's criteria have not been adequately addressed, as there are no statements regarding consistency and aberrant behavior. More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic 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 in some cases be indicated for nociceptive pain per MTUS, which states, "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)." This patient presents with significant chronic pain complaints, has been prescribed narcotic medications since at least 2013, and has not undergone any surgical intervention for her lumbar spine. Without evidence of an existing condition which could cause nociceptive pain (such as cancer), as well as statement regarding medication consistency and a lack of aberrant behavior, continuation of this medication is not appropriate and the patient should be weaned. Therefore, this request is not medically necessary.

Ultracet 37.5/325mg Qty 120 with one refill: 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 patient presents on 07/20/15 with lower back pain rated 7/10. The patient's date of injury is 06/12/13. Patient is status post facet and medial branch blocks at dates unspecified. The request is for Ultracet 37.5/325MG QTY 120 with one refill. The RFA is dated 08/12/15. Physical examination dated 07/20/15 reveals tenderness to palpation of the posterior superior iliac spine on the left, and positive Faber's maneuver on the left. The patient is currently prescribed Venlafaxine and Ultracet. Patient is currently classified as permanent and stationary. 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, 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." In regard to the Ultracet for the management

of this patient's chronic pain, the request is not supported per MTUS guidelines. Per progress note dated 07/20/15 the provider does include documentation that narcotic medications reduce this patient's pain by 50 percent. The provider also notes that medications allow her to work and stay active with house chores, evidence of functional improvement. However, the provider does not specifically state that this patient lacks aberrant behavior or address urine drug screen consistency to date. In this case, 4A's criteria have not been adequately addressed, as there are no statements regarding consistency and aberrant behavior. More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic 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 in some cases be indicated for nociceptive pain per MTUS, which states, "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)." This patient presents with significant chronic pain complaints, has been prescribed narcotic medications since at least 2013, and has not undergone any surgical intervention for her lumbar spine. Without evidence of an existing condition which could cause nociceptive pain (such as cancer), as well as statement regarding medication consistency and a lack of aberrant behavior, continuation of this medication is not appropriate and the patient should be weaned. Therefore, this request is not medically necessary.