

Case Number:	CM15-0188049		
Date Assigned:	09/29/2015	Date of Injury:	03/18/1998
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/24/2015

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:

This is a 74 year old female with a date of injury on 3-18-1998. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post-laminectomy syndrome and continuous opioid type dependence. Medical records (2-4-2015 to 9-2-2015) indicate ongoing pain in the lower back, left leg, left ankle and left foot. The pain was associated with tingling in both legs and both feet, numbness in both feet and weakness in both hands. She reported that her symptoms had been worsening since the injury. She rated her pain as 4 out of 10 at best and 8 out of 10 at worst. Per the treating physician (9-2-2015), the case status was permanent and stationary. The physical exam (9-2-2015) revealed positive palpable IPG battery over the right buttock. There was diminished sensation in the left L5 and S1 dermatomes of the lower extremities. Treatment has included lumbar surgery, spinal cord stimulator implant, physical therapy, psychotherapy, transcutaneous electrical nerve stimulation (TENS) unit and medications. The injured worker has been prescribed Norco since at least 10-1-2014 and Ultram since at least 3-4-2015. The original Utilization Review (UR) (9-9-2015) denied a request for Hydrocodone-APAP and modified a request for Ultram ER 100mg from #30 to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #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): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids and Norco since at least October 2014 in terms of decreased pharmacological dosing with persistent severe pain for this chronic 1998 injury without acute flare, new injury, or progressive neurological deterioration. The Hydrocodone/APAP 10/325mg #30 is not medically necessary and appropriate.

Ultram ER 100mg #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): Opioids, cancer pain vs. nonmalignant pain, Opioids, pain treatment agreement.

Decision rationale: Review indicates the request for Ultram was modified for weaning purposes. MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of two short-acting opioids with persistent severe pain. The Ultram ER 100mg #30 is not medically necessary and appropriate.