

Case Number:	CM15-0194127		
Date Assigned:	10/07/2015	Date of Injury:	05/24/2012
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 34 year old male who sustained an industrial injury on 5-24-12. A review of the medical records indicates he is undergoing treatment for lumbar facet arthropathy and lumbar radiculopathy. Medical records (2-9-15 to 8-19-15) indicate ongoing complaints of neck pain that radiates to both upper extremities, low back pain that radiates to bilateral lower extremities, affecting the right greater than the left, with associated "occasional" numbness of bilateral lower extremities to the level of the feet, as well as weakness bilaterally, and right knee pain. He rates his pain "4 out of 10" with use of medications and "6 out of 10" without medications. The physical exam (8-19-15) reveals the injured worker to be in "slight distress". His gait is noted to be "slow" and he is using a "walking stick". Spasm is noted in the paraspinal musculature of the lumbar spine. Tenderness to palpation is noted in the paravertebral area at L3-S1 levels. Range of motion of the lumbar spine is noted to be "decreased" with flexion at 60 degrees due to pain and extension at 10 degrees due to pain. The sensory exam shows "decreased sensitivity to touch along the L4-S1 dermatome in the right lower extremity." Motor exam shows "decreased strength of the extensor muscles and in the flexor muscles of the right lower extremity". Straight leg raise was positive on the right for radicular pain at 50 degrees. "Positive facet signs L3-S1". Tenderness was also noted on palpation of the left hip. Decreased strength is noted in the left lower extremity. Diagnostic studies have included x-rays of the lumbar spine, as well as an MRI of the lumbar spine. Treatment has included one chiropractic session, physical therapy, acupuncture, home exercise program, lumbar epidural steroid injections, as well as medications. His medications included

Gabapentin, Ibuprofen, and Tramadol from 2-9-15 to 7-22-15. The records indicate that the Tramadol was not authorized, therefore discontinued. He was started on Tylenol #3 300-30mg every 12 hours as needed for pain on 7-22-15. On 8-19-15, the treating provider indicates that the dosage was being weaned, but indicated Tylenol #3, 1 tablet twice daily as needed for pain with a quantity of 45. The treating provider indicates that activities of daily living, including self-care and hygiene, activity, walking, hand function, sleep, and sexual activity are limited due to pain. The utilization review (9-22-15) includes requests for authorization of Gabapentin 300mg #30, Ibuprofen 800mg #60, Tylenol with Codeine #3 300-30mg #60, and Tramadol 50mg #60. The Tylenol with Codeine was modified to a quantity of 45 and the Tramadol was denied. Gabapentin and Ibuprofen were authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine #3 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of Tylenol #3 nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that the injured worker had a signed pain contract on file; however, no UDS reports were available for review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of tramadol nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that the injured worker had a signed pain contract on file; however, no UDS reports were available for review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.