

Case Number:	CM15-0195263		
Date Assigned:	10/09/2015	Date of Injury:	10/05/2012
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 38 year old male, who sustained an industrial injury on 10-5-12. The injured worker is being treated for L5-S1 disc protrusion. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, oral medications including Norco 5-325mg (at least since 1-22-15), Motrin, Zanaflex, Celebrex, Tramadol 50mg (at least since 1-22-15); activity modifications and home exercise program. It is noted pain is improved with medications, however specific medications were not mentioned. Documentation did not indicate duration of pain relief following medications or pain level prior to and following medication administration. On 8-6-15 the injured worker complained of continued pain localized to the back rated 5 out of 10 and on 9-3-15, the injured worker complains of sharp, stabbing pain in lumbar spine rated 6 out of 10 and improved with medications, home exercise program and transcutaneous electrical nerve stimulation (TENS) unit. Work status is modified duties. Physical exam performed on 8-6-15 revealed restricted lumbar range of motion, tenderness to lumbar palpation, paresthesias into bilateral legs, diffusely decreased sensory exam and 1 plus deep tendon reflexes of patella. 9-3-15 revealed decreased lumbar range of motion, tenderness to palpation of lumbar spine and intermittent numbness of right leg, with decreased sensation of entire right leg and diminished deep tendon reflexes bilaterally. The treatment plan included referral to pain management, Norco 5-325mg #30 and Tramadol 50mg #30. On 9-17-15 request for Norco 5-325mg #30 and Tramadol 50mg #30 was modified to Norco 5-325mg #27 and Tramadol 50mg #27.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg q 4-6 hours PRN #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 9/3/15 progress report provided by the treating physician, this patient presents with low back pain with right leg numbness, pain rated 6/10. The treater has asked for Tramadol 50mg q 4-6 hours PRN #30 on 9/3/15. The request for authorization was not included in provided reports. The patient is s/p home exercise program, TENS unit, and medication usage which improves symptoms per 9/3/15 report. The patient is currently being prescribed Norco and Tramadol per 9/3/15 report. The patient states that back pain is located in the midline and on both sides, radiating proximally to the mid-back and with a pinching sensation in the right buttock per 8/22/15 report. The patient is currently permanent and stationary per 9/3/15 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 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 that "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." The treater does not discuss this request in the reports provided. Patient has been taking Tramadol since 4/2/15 and in reports dated 4/30/15, 8/22/15 and 9/3/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.

Norco 5/325mg q 4-6 hours PRN pain #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 9/3/15 progress report provided by the treating physician, this patient presents with low back pain with right leg numbness, pain rated 6/10. The treater has asked for Norco 5/325mg Q 4-6 hours PRN pain #30 on 9/3/15. The request for authorization was not included in provided reports. The patient is s/p home exercise program, TENS unit, and medication usage which improves symptoms per 9/3/15 report. The patient is currently being prescribed Norco and Tramadol per 9/3/15 report. The patient states that back pain is located in the midline and on both sides, radiating proximally to the mid-back and with a pinching sensation in the right buttock per 8/22/15 report. The patient is currently permanent and stationary per 9/3/15 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 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 that "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." The treater does not discuss this request in the reports provided. Patient has been taking Norco since 4/2/15 and in reports dated 4/30/15, 8/22/15 and 9/3/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.