MAXIMUS Federal Services

Case Number:	CM15-0197932		
Date Assigned:	10/13/2015	Date of Injury:	03/31/2010
Decision Date:	12/08/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male, who sustained an industrial injury on March 31, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having failed back syndrome with intractable pain and lumbosacral radiculopathy, status post surgery to lumbar spine with hemilaminectomy at L2 L4 and L5 and microdiscectomy at right L4-5 and major depression. On July 24, 2015, the injured worker complained of constant and intractable pain in his upper and lower back as well as frequent pain and numbness in his bilateral lower extremities. He reported getting greater than 50-70% improvement in both his overall pain and ability to function with his current medications. His medications were noted to bring his pain down form a 8-10 to a 2 on a 1-10 pain scale. He noted more than 50% improvement in his back pain with trigger point injections, which aid in reducing his pain and improving his mobility for more than six weeks at a time. He noted more than 50% relief from his depression and problems sleeping with Wellbutrin. Range of motion of thoracic and lumbar spine was moderately restricted in all planes. He was ambulating with a cane and could not perform heel-toe gait. Romberg was noted to be positive. On the day of the exam, he received four trigger point injections to thoracic muscles. The treatment plan included Wellbutrin, Tramadol, Norco, urine drug screen, home exercises, meditation, gym membership with swimming pool exercises and a follow-up visit. A request was made for Tramadol HCL ER 150mg #90, Norco 10-325mg #180, gym membership with pool for three months and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (hydrochloride) ER (extended release) 150mg, 1 tablet twice daily, #90 for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter - Opioids, criteria for use; Opioids for chronic pain; When to Discontinue Opioids.

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, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified (certified with recommendations) the requests for Norco and Tramadol to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medications and the chronic risk of continued treatment, the requests for Norco and Tramadol are not considered medically necessary.

Norco 10/325mg, 1 tablet every 4-6 hours, #180 for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter - Opioids, criteria for use; Opioids for chronic pain; When to Discontinue Opioids.

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, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified (certified with recommendations) the requests for Norco and Tramadol to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medications and the chronic risk of continued treatment, the requests for Norco and Tramadol are not considered medically necessary.

Gym (with pool) membership, 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Activity. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Lumbar Chapter - Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, gym membership.

Decision rationale: The MTUS does not discuss gym memberships, and therefore the ODG provides the preferred mechanism for assessment of medical necessity regarding the topic. The ODG states that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment; the provided records do not clarify these concerns and therefore do not provide sufficient evidence to support the request. Additionally, treatment needs to be monitored and administered by medical professionals, which does not encompass personal trainers. If aquatic therapy is under consideration, appropriate request is indicated. While an individual exercise program is of course recommended, the current request given the provided records cannot be considered medically necessary and appropriate.

UDS (urine drug screen): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc., however the patient is noted to have chronic pain and be taking opiates for treatment. Weaning has been encouraged by utilization review. There is no documentation of concerns for abuse/misuse or aberrant behavior, and therefore the need for screening is not overtly substantiated at this time and is therefore considered not medically necessary.