

Case Number:	CM15-0029663		
Date Assigned:	02/23/2015	Date of Injury:	02/02/1999
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 55-year-old female who sustained an industrial injury on 2/2/99. Injury occurred relative to a slip and fall on ice. She is status post C3-T1 fusion. Review of progress reports from 5/5/14 through 11/13/14 did not document specific pain reduction or functional improvement achieved with medication use. The 1/7/15 treating physician report cited grade 7/10 neck and head pain, increased with activity and decreased by medications and hot showers. She was trying to remain active. Current medications included Baclofen and Vicodin HP. Physical exam documented cervical paraspinal tenderness to palpation and decreased cervical range of motion. The diagnosis included cervical radiculopathy, neck pain status post anterior cervical discectomy and fusion, occipital neuralgia, insomnia, chronic daily headaches due to neck pain, chronic pain syndrome, and opioid dependence. The treatment plan recommended spinal cord stimulator trial, discontinuation of Norco, and prescriptions for Baclofen, Tramadol, and two prescriptions of Vicodin. On 1/27/15, utilization review certified a request for spinal cord stimulator trial. Additionally, utilization review MODIFIED Baclofen 10mg #180 with 1 refill to #20 to initiate downward titration and complete discontinuation of medication, and MODIFIED Tramadol 50mg #90 with 5 refills as #60 to initiate downward titration and complete discontinuation of medication on subsequent review, and NON-CERTIFIED Vicodin HP 10/300mg #180 with 1 refill. The MTUS Guidelines were cited. On 2/18/15, the injured worker submitted an application for IMR for review of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Pain Procedure Summary, Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen, Muscle relaxants (for pain) Page(s): 23, 63-65.

Decision rationale: The California MTUS recommends the use of non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guideline criteria have not been met. There is no current documentation of muscle spasms. There is no specific documentation of how this medication has reduced pain or improved function over the prior 7 months. The 1/27/15 utilization review modified a request for Baclofen 10mg #180 with 1 refill to #20 to initiate downward titration and complete discontinuation of medication. There is no compelling reason to support the medical necessity of additional medication beyond the amount previously certified. Therefore, this request is not medically necessary.

Tramadol 50mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have not been met for continued use of this medication. There is no current pain assessment indicating what specific benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. The 1/27/15 utilization review modified a request for Tramadol 50mg #90 with 5 refills to #60 to initiate downward titration and complete discontinuation of medication. There is no compelling reason to support the medical necessity of additional medication beyond that previously certified. There is no compelling reason to support 5 refills of this medication in a patient who is opioid dependent and under regular medication management. Therefore, this request is not medically necessary.

Vicodin HP 10/300mg #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91. Decision based on Non-MTUS Citation DEA SUBCHAPTER I, CONTROL AND ENFORCEMENT. Part C, Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances. 829. Prescriptions.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Vicodin) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. According to new DEA requirements, no prescription for a controlled substance in schedule II, which includes hydrocodone (Vicodin) may be refilled unless medical necessity is clearly established. Guideline criteria have not been met. There is no compelling rationale provided to support the medical necessity of the addition of a second opioid medication for this patient. Relative opioid dependence is documented and spinal cord stimulator trial has been certified. A refill of this class of medication is not supported. Therefore, this request is not medically necessary.