

Case Number:	CM15-0211573		
Date Assigned:	10/30/2015	Date of Injury:	05/01/2005
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 63 year old female patient, who sustained an industrial injury on 5-1-2005. The diagnoses include low back pain with prior lumbar surgery and pending lumbar surgery. Per the recent progress report dated 10-7-2015, she had complaints of low back pain shooting down the legs, rated 5-6 out of 10. The patient reported the patches did not decrease her pain. Physical examination revealed sitting comfortable in the chair and complaining of pain in the lumbar spine radiating to the bilateral lower extremities. Per the doctor's note dated 9/9/15, physical exam revealed tenderness, guarding and decreased range of motion of the lumbar spine. The medications list includes Lyrica, Norco (since at least 4-8-2015), Ultram (since at least 4-8-2015) and Butrans. The patient had no aberrant behaviors. Medications risk and benefits were discussed. The treating physician had discussed 4"A" with patient. She had lumbar CT on 5/26/15 which revealed post surgical changes; lumbar spine X-rays dated 4/8/15 which revealed loosening of pedicle screws. She has undergone lumbar spine fusion surgery on 9/30/2013; trigger finger release in 2003; ankle surgery on 5/3/2013, carpal tunnel release in 2003, hysterectomy and cholecystectomy. Per the note dated 10/7/15, she is scheduled for lumbar surgery on 10/29/15. Treatment to date has included physical therapy and medications. The physician is requesting Norco 10-325mg #180, Ultram 50mg #180 and Butrans 20mcg per hour #4. On 10-19-2015, the Utilization Review noncertified the request for Norco 10-325mg #180, Ultram 50mg #180 and Butrans 20mcg per hour #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Overturned

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

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

Decision rationale: Norco 10/325mg, #180. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines Short- acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Per the records provided patient had chronic low back pain. She has objective findings on the physical examination- tenderness, guarding and decreased range of motion of the lumbar spine. She has history of lumbar spine and ankle surgeries in 2013. In addition, she is scheduled for lumbar spine surgery on 10/29/15. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The patient has no aberrant behaviors. Medications risk and benefits discussed. The treating physician has discussed 4A's with patient. The request for Norco 10/325mg, #180 is medically appropriate and necessary for this patient to use as prn during acute exacerbations.

Ultram 50mg, #180: Overturned

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

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

Decision rationale: Ultram 50mg, #180. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided patient had chronic low back pain. She has objective findings on the physical examination- tenderness, guarding and decreased range of

motion of the lumbar spine. She has history of lumbar spine and ankle surgeries in 2013. In addition, she is scheduled for lumbar spine surgery on 10/29/15. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The patient had no aberrant behaviors. Medications risk and benefits were discussed. The treating physician had discussed 4"A" with patient. The request for Ultram 50mg #180 is medically appropriate and necessary to use as prn during acute exacerbations.

Butrans 20mcg/hr, #4: Upheld

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

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

Decision rationale: Butrans 20mcg/hr, #4. Butrans contains Buprenorphine which is a partial opioid agonist. According to the cited guideline Buprenorphine is, Recommended for selected patients for treatment of opioid dependence. The patient has opioid dependence. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Continuing review of overall situation with regard to nonopioid means of pain control. Per the records provided the patient is already taking 6 tablets of Norco 10/325mg and 6 tablets of ultram 50 mg daily for pain. The patient reported the patches (butrans 10 mcg) did not decrease her pain. The rationale for the need for an additional opioid medication with increased dose is not specified in the records provided. The medical necessity of Butrans 20mcg/hr, #4 is not fully established for this patient, therefore is not medically necessary.