

Case Number:	CM15-0221947		
Date Assigned:	11/17/2015	Date of Injury:	02/24/2012
Decision Date:	12/31/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/11/2015

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 67 year old male who sustained an industrial injury on February 24, 2012. Medical records indicated that the injured worker was treated for low back pain. Medical diagnoses include musculoligamentous strain of the lumbar spine with radicular symptoms bilaterally, left greater than right, status post lumbar surgery x 2; lumbar laminectomy and discectomy at L4-5, posterolateral fusion, and chronic postoperative L4-5 radiculopathy on the left, chronic right L5 radiculopathy, balance difficulties of recent onset, possibly secondary to peripheral neuropathy. In the provider notes dated October 16, 2015, the injured worker complained of burning lower back pain radiating into the hips and down both lower extremities with intermittent weakness. He complains of back stiffness and numbness of the lower abdomen and genitals. His pain is worse with rotating, twisting, lifting and bending. He has difficulty balancing when walking up and down hills. On exam, the documentation stated there was limited range of motion. The treatment plan includes medications, acupuncture of the lumbar spine and neurological consult. A Request for Authorization was submitted for Naproxen 550mg #120 dispensed 9-16-15, Ultracet 37.5 325 mg #60 dispensed 9-16-2015. The Utilization Review dated October 23, 2015 denied the request for Naproxen 550mg #120 dispensed 9-16-15, Ultracet 37.5 325 mg #60 dispensed 9-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120 dispensed on 9/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient was injured on 02/24/12 and presents with pain in his lower back which radiates into the hips and down both lower extremities. The request is for NAPROXEN 550 MG #120 DISPENSED ON 9/16/15. There is no RFA provided and the patient is retired. The patient has been taking this medication as early as 02/11/15. MTUS Guidelines, Anti-inflammatory Medications section, page 22 states, "Ant-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The patient is diagnosed with musculoligamentous strain of the lumbar spine with radicular symptoms bilaterally, left greater than right, status post lumbar surgery x 2; lumbar laminectomy and discectomy at L4-5, posterolateral fusion, and chronic postoperative L4-5 radiculopathy on the left, chronic right L5 radiculopathy, balance difficulties of recent onset, possibly secondary to peripheral neuropathy. The treater does not specifically discuss efficacy of Naproxen on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Naproxen IS NOT medically necessary.

Ultracet 37.5/325mg #60 dispensed on 9/16/15: Upheld

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

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: The patient was injured on 02/24/12 and presents with pain in his lower back which radiates into the hips and down both lower extremities. The request is for ULTRACET 37.5/325 MG #60 DISPENSED ON 9/16/15. There is no RFA provided and the patient is retired. The patient has been taking this medication as early as 02/11/15. 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, p 77, 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 "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." MTUS , page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The patient had a urine drug screen on 03/30/15 and was inconsistent with Ultram. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of specific ADLs, which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Furthermore, long-term use of opiates is not recommended for patient with low back pain. The requested Ultracet IS NOT medically necessary.