

Case Number:	CM15-0222850		
Date Assigned:	11/18/2015	Date of Injury:	06/10/2010
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/12/2015

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:

The injured worker is a 67 year old male, who sustained an industrial injury on 6-10-2010. Medical records indicate the worker is undergoing treatment for chronic pain and lumbar radiculopathy. A recent progress report dated 9-16-2015, reported the injured worker complained of neck pain that radiates to the right upper extremity and low back pain radiating to the right lower extremity rated 5-6 out of 10 with medications and 7-8 out of 10 without medications. The injured worker also reports gastro-esophageal reflux disease. Physical examination revealed lumbar tenderness and lumbar range of motion was limited due to pain. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, diminished sensation in lower extremity and negative POSITIVE SLR, Treatment to date has included physical therapy and medication management. The physician is requesting Hydrocodone 10- 325mg #60 with 1 refill and Tramadol 50mg #60 with 1 refill for the purpose of weaning. On 10- 16-2015, the Utilization Review modified the request for Hydrocodone 10-325mg #60 with 1 refill and Tramadol 50mg #60 with 1 refill for the purpose of weaning. The patient has had MRI of the cervical spine on 5/24/13 that revealed disc protrusions. The medication list include Hydrocodone, Omeprazole, Alprazolam, Amitriptyline, Citalopram, and Tramadol. The patient had UDS on 7/9/15 that was positive for Hydrocodone. The patient's surgical history includes bilateral knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10-325mg #60 with 1 refill: Overturned

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

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

Decision rationale: Request: Hydrocodone 10-325mg #60 with 1 refill. This is an opioid analgesic. Criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition 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. A recent progress report dated 9-16-2015, reported the injured worker complained of neck pain that radiates to the right upper extremity and low back pain radiating to the right lower extremity rated 5-6 out of 10 with medications and 7-8 out of 10 without medications. The patient's surgical history included bilateral knee arthroscopy. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, diminished sensation in lower extremity. The patient has had MRI of the cervical spine on 5/24/13 that revealed disc protrusions. Therefore the patient has chronic pain along with significant abnormal objective findings. The patient had UDS on 7/9/15 that was positive for Hydrocodone. Patient has had a trial of non opioid medications including antidepressant for this injury. The Norco was prescribed for the purpose of weaning. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The request of the medication Hydrocodone 10-325mg #60 with 1 refill is medically necessary and appropriate in this patient.

Tramadol 50mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Tramadol 50mg #60 with 1 refill. 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 norepinephrine. 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 can be used for chronic pain and for treatment of episodic exacerbations of severe pain. A recent progress report dated 9-16-2015, reported the injured worker complained of neck pain that radiates to the right upper extremity and low back pain radiating to the right lower extremity rated 5-6 out of 10 with medications and 7-8 out of 10 without medications. The patient's surgical history included bilateral knee arthroscopy. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, diminished sensation in lower extremity. The patient has had MRI of the cervical spine on 5/24/13 that revealed disc protrusions. Therefore the patient has chronic pain along with significant abnormal objective findings. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Per the notes, the tramadol was prescribed for the purpose of weaning. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg #60 with 1 refill is deemed as medically appropriate and necessary.