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| Case Number: | CM15-0030090 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 06/14/1989 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/26/2015 |
| 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 68 year old male, who sustained a work/ industrial injury on 6/14/89. He has reported symptoms of back pain. Prior medical history was not specified as well as mechanism of injury. The diagnoses have included degenerative lumbar or lumbosacral intervertebral disc disease and osteoarthritis of the right ankle. Treatments to date included aquatic therapy, treadmill, ankle orthotic with high top boots, and medication. Medications included Hydrocodone-acetaminophen, and Tramadol HCL. The treating physician's report (PR-2) from 9/8/14 indicated use of right ankle ankle-foot orthosis for support, weakness to both legs, increased back pains, and use of aquatic exercise. A request was made for medication refill and aquatic exercising for strengthening. On 1/26/15, Utilization Review modified Hydrocodone 7.5mg-Acetaminophen 325mg Tab PO Q4h with 1 refill, quantity unspecified to Hydrocodone 7.5 mg-Acetaminophen 325 mg tab po Q4 h Qty#40; Tramadol HCl 50mg oral tab 1 tab po every 4 hours QTY: 60 with 3 refills to Tramadol HCL 50 mg oral tab 1 tab po every 4 hrs Qty: #40, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg-Acetaminophen 325mg Tab PO Q4h with 1 refill, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Hydrocodone 7.5mg-Acetaminophen 325mg, with 1 refill is not medically necessary.

Tramadol HCl 50mg oral tab 1 tab po every 4 hours QTY: 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and

recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol HCL 50mg #60, with 3 refills is not medically necessary.