

Case Number:	CM15-0043461		
Date Assigned:	03/13/2015	Date of Injury:	10/02/2002
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/09/2015

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 59 year old male, who sustained an industrial injury on October 2, 2002. The injured worker was diagnosed as having chronic low back pain, lumbar degenerative disc disease, and lumbar degenerative joint disease. Treatment to date has included MRI, x-rays, holistic interventions, independent exercise program, activity modifications, lumbar branch rhizotomy in 2011, urine drug screening, lumbar facet steroid injection, functional capacity evaluation, physical therapy, and medications including short-acting and long-acting pain, topical pain, muscle relaxant, and non-steroidal anti-inflammatory. On February 3, 2015, the treating physician reports the injured worker is not doing well overall due to a decrease in medications following the denial of his medications. He has had debilitating episodes of low back pain. His participation in his activities of daily living is minimal and he is depressed due to increased pain. The physical exam revealed an unsteady gait, restricted lumbar range of motion, minimal movement, inability to stand upright unassisted, and no focal motor weakness. The treatment plan includes continuing the long-acting pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Oxycontin 80mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with debilitating low back pain so painful that the patient is unable to stand upright. The request is for Oxycontin 80MG #60. The RFA provided is dated 02/20/15 and the date of injury is 10/02/02. Per 02/03/15 progress report, the patient's diagnoses included chronic low back pain, lumbar degenerative disc disease, and lumbar degenerative joint disease. Physical examination to the lumbar spine on 03/17/14 revealed decreased range of motion, especially on extension, less than 10 degrees. Flexion is 25 degrees. Per treater report 02/03/15, without medication use treater reports, "At times he is bed bound. He minimally participates in his activities of daily living, and as a result, he has been fairly significantly disabled. He is unable to stand for more than a few minutes." Pain is rated 10/10 without medication and 4/10 with medication use. Current medications include Oxycontin, Tramadol and Prozac. The patient has been Permanent and Stationary for 8 years. MTUS Guidelines 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 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. In provided reports, the patient has been prescribed Oxycontin at least since 03/17/14 and the treater states the medications were the same for 8 years. Per 02/03/15 report, urine drug screens have been consistent with patient's medications and there is a CURES report on file. In this case, the patient is in disabling and debilitating pain without the medication regimen that was provided for 8 years and allowed the patient to function regularly. However, the patient only has degenerated lumbar spine condition, or non-specific low back pain for which chronic use of opiates are not recommended. There is no documentation of nociceptive or neuropathic pain for which long-term use of opiates may be indicated. The patient is also not working and functional gains from chronic opiate use are questionable. The request Is Not medically necessary.

(1) Prescription of Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tradamol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with debilitating low back pain so painful that the patient is unable to stand upright. The request is for Tramadol 50MG #90. The RFA provided is dated 02/20/15 and the date of injury is 10/02/02. Per 02/03/15 progress report, the patient's diagnoses included chronic low back pain, lumbar degenerative disc disease, and lumbar degenerative joint disease. Physical examination to the lumbar spine on 03/17/14 revealed decreased range of motion, especially on extension, less than 10 degrees. Flexion is 25 degrees. Per treater report 02/03/15, without medication use treater reports, "At times he is bed bound. He minimally participates in his activities of daily living, and as a result, he has been fairly significantly disabled. He is unable to stand for more than a few minutes." Pain is rated 10/10 without medication and 4/10 with medication use. Current medications include Oxycontin,

Tramadol and Prozac. The patient has been Permanent and Stationary for 8 years. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for 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. MTUS Guidelines 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 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. Treater did not provide a reason for the request. There is no documentation of prior use of Tramadol. It appears the treater is initiating use. Although MTUS guidelines state, "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." In this case, treater is not prescribing Tramadol as a first-line analgesic. The date of injury is 10/02/02 and the patient was prescribed Oxycontin for 8 years as part of his regimen. It is deduced the patient tried and failed medications prior. Therefore, the initiated use of Tramadol is medically necessary.