

Case Number:	CM15-0048228		
Date Assigned:	03/20/2015	Date of Injury:	07/01/2003
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/13/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old male, who sustained an industrial injury on 07/01/2003. On provider visit dated 12/19/2014 and 01/30/2015 the injured worker has reported lower back pain. It was note that the pain is mild to moderate and described as aching and throbbing, and lumbar spine tenderness and a decreased range of motion. The diagnoses have included low back pain and sciatic due to displacement of lumbar disc, and status post lumbar spine fusion. Treatment to date has included multiple back surgeries, medications, PT, home exercise program and psychotherapy. The provider requested Tramadol and Vicodin for pain management. There are associated diagnoses of depression, stress and anxiety with a past recommendation for medications and cognitive behavioral therapy. A Utilization Review determination was rendered recommending non certification for Vicodin 5/300mg #90 and Tramadol HCL 50m #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatments of exacerbation of musculoskeletal pain. Opioids can also be utilized for maintenance treatment when standard first line NSAIDs, co-analgesics and PT treatments have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other opioids and sedative medications. The records did not show that combination treatments with NSAIDs and co-analgesics such as anticonvulsants and antidepressants have failed. There is no documentation of the concurrent use of antidepressants with analgesic and opioid sparing action in this patient who was diagnosed with depression, anxiety and stress disorder. There is no documentation of compliance monitoring such as serial UDS, CURES reports and absence of aberrant behavior. The guidelines recommend that extended release opioids provide better analgesic profile with better efficacy and compliance than short acting medications. The criteria for the use of Vicodin 5/300mg #90 was not met. The request is not medically necessary.

Tramadol HCL 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatments of exacerbation of musculoskeletal pain. Opioids can also be utilized for maintenance treatment when standard first line NSAIDs, co-analgesics and PT treatments have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other opioids and sedative medications. The records did not show that combination treatments with NSAIDs and co-analgesics such as anticonvulsants and antidepressants have failed. There is no documentation of the concurrent use of antidepressants with analgesic and opioid sparing action in this patient who was diagnosed with depression, anxiety and stress disorder. There is no documentation of compliance monitoring such as serial UDS, CURES reports and absence of aberrant behavior. The guidelines recommend that extended release opioids provide better analgesic profile with better efficacy and compliance than short acting medications. The criteria for the use of Tramadol HCL 50mg #90 was not met. The request is not medically necessary.