

Case Number:	CM15-0050231		
Date Assigned:	03/23/2015	Date of Injury:	04/08/2008
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 48 year old female, who sustained an industrial injury on 04/08/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical five to six and cervical six to seven disc protrusion, cervical five to six and cervical six to seven significant facet arthropathy causing axial neck pain, and facet syndrome at the bilateral cervical five to six and cervical six to seven levels. Treatment to date has included status post bilateral dorsal ramus branch blocks at cervical five through seven, status post cervical seven through thoracic one foraminotomy, physical therapy, medication regimen, electromyogram with nerve conduction study, and status post right cervical six to seven medical branch block. In a progress note dated 02/23/2015 the treating provider reports complaints of neck pain and residual neck pain, headaches, and arm pain. The treating physician requested Oxycodone 5mg one by mouth every eight hours as need for severe pain with a quantity of 120 with no refills and Tramadol 50mg one to two every six hours as needed for pain with a quantity of 120 with three refills noting that the Tramadol will assist with the reduction of narcotic use including the use of Oxycontin. The treating physician also noted that the injured worker has been on Oxycodone and Tramadol for several years and these medications are noted to control the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

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

Decision rationale: Oxycodone is the generic version of OxyContin, which is a pure opioid agonist. Official Disability Guidelines does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. It is unclear as to why the treating physician is prescribing 2 short acting opioids that are in excess of guidelines. Additionally, prior reviewers have recommended weaning from the medication and have previously denied the medication. As such, the request for Oxycodone 5mg #120 is not medically necessary.

Tramadol 50mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ultram Page(s): 96, 113 and 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: Tramadol is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Official Disability Guidelines further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no

documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. It is unclear as to why the treating physician is prescribing 2 short acting opioids that are in excess of guidelines. The prior reviewer recommended weaning. As such, the request for Tramadol 50mg #120 with 3 refills is not medically necessary.