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| Case Number: | CM15-0084420 | | |
| Date Assigned: | 05/06/2015 | Date of Injury: | 12/28/2005 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 04/21/2015 |
| Priority: | Standard | Application Received: | 05/01/2015 |

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
 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 54-year-old male, who sustained an industrial injury on 12/28/05. He reported initial complaints of a fall hitting his head. The injured worker was diagnosed as having lumbar radiculopathy; lumbar disc herniation; sprain/strain sacroiliac joint. Treatment to date has included chiropractic therapy; acupuncture; physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 2/25/15 indicated the injured worker complains of back and neck. The pain is noted as bothersome and intermittent. He reports the pain is at least a 3 on a 0-10 scale and worst at 9. At present it is 6/10. On physical examination, the location of pain is at the back and neck and describes the pain as aching, intense, transient and severe. There are no focal neurologic changes. The pain is noted over the lumbar paravertebral spaces on palpation with palpable twitch positive trigger points in the paraspinal muscles. Anterior lumbar flexion causes pain along with pain on lumbar extension and lateral left flexion causes pain. Motor strength is grossly normal. The provider documents the injured worker's back pain is work related however the neck pain is non-industrial in nature. It was also noted that prior Utilization Review dated 2/25/15 recommended weaning of Vicodin. Tramadol was initiated on 2/2/15 because Ibuprofen was not helping his headaches and/or low back pain. The provider is requesting Tramadol 50mg #120 with 1 refill and Vicodin ES 7.5-300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. According to the records of this case, the worker used newly prescribed tramadol for his chronic pain, however, there was no specific report included in the documentation regarding any measurable pain reduction or specific functional gains directly related to the tramadol use to help justify its continuation. Without this supportive evidence of benefit, the request for renewal of tramadol is not medically necessary.

Vicodin ES 7.5-300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Opioids Page(s): 81-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the records suggested the Vicodin was used for breakthrough pain. However, it is not clearly reported in the documentation as to how often it was actually used by the worker or how it benefited him in terms of pain level reduction and functional gains directly related to its use. Therefore, without this supportive evidence for benefit, the request for Vicodin is not medically necessary.

