

Case Number:	CM15-0233048		
Date Assigned:	12/08/2015	Date of Injury:	07/19/2001
Decision Date:	01/15/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/25/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 66-year-old male, with a reported date of injury of 07-19-2001. The diagnoses include lumbar spondylosis; status post decompression L4-S1, discectomy L4-S1 to the left, PLIF (posterior lumbar interbody fusion), and posterior spinal fusion L5-S1; status post removal of hardware L5-S1 as well as decompression L4-5; slight to moderate spondylosis at L4-5 and L3-4; and early left hip osteoarthritis. The progress report dated 10-07-2015 indicates that the injured worker complained of back pain and left hip pain. He also complained of difficulty with his day-to-day activities secondary to hip pain. The injured worker indicated that the medications did improve his pain level. It was noted that the injured worker had to rely more on Norco for a breakthrough pain most recently. The physical examination showed difficulty walking; difficulty changing position and getting onto the examining table; restricted motion with pain; guarding with motion; muscle spasm; increased pain with internal and external rotation of the left hip; and tenderness about the left hip. The initial orthopedic evaluation report dated 10-27-2015 indicates that the injured worker felt pain to this back, and has been complaining of pain in the left hip. He reported his left hip pain 8 out of 10. It was noted that the injured worker denied epilepsy or convulsions. The physical examination showed no acute distress; an antalgic gait; use of a cane; tenderness to palpation in the left groin; 10% limitation to range of motion of the hip; and negative Hoffman's sign and Clonus. The injured worker's work status was deferred to the primary treating physician. The diagnostic studies to date have included an MRI of the lumbar spine on 11-10-2014 which showed multilevel disc protrusions; and an electrodiagnostic studies of the bilateral lower extremities on 01-14-2015 which showed

evidence of moderate bilateral L3 and L4 sensory radiculopathy. Treatments and evaluation to date have included acupuncture, Norco (since at least 04-2015), Ultram (since at least 04-2015), Klonopin (since at least 04-2015), and Celebrex. The treating physician requested Ultram ER 200mg #90 for severe pain, Klonopin 1mg #90, and Norco 10-325mg #60. On 11-05-2015, Utilization Review (UR) non-certified the request for Klonopin 1mg #90; and modified the request for Ultram ER 200mg #90 to Ultram ER 200mg #20 and Norco 10-325mg #60 to Norco 10-325mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 200mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Ultram is tramadol, synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving since Ultram since at least April 2015 and there is no documentation that the patient has obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. Ultram is not medically necessary.

Klonopin 1mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Klonopin is the benzodiazepine clonazepam. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act

synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the patient has been taking Klonopin since at least April 2015. Benzodiazepines are not recommended. Klonopin is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids, criteria for use.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving since Norco since at least April 2015 and there is no documentation that the patient has obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. Norco is not medically necessary.