

Case Number:	CM14-0121678		
Date Assigned:	08/06/2014	Date of Injury:	05/23/2002
Decision Date:	09/30/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old male who has submitted a claim for lumbar disc disease status post discectomy, failed low back syndrome, left leg radiculopathy; left foot drop; history of hepatitis C with period of elevated liver function tests and right upper quadrant abdominal pain; constipation secondary to opiate medication use; hypertension; hypothyroidism; and hyperglycemia associated with an industrial injury date of May 23, 2002. Medical records from 2014 were reviewed. The patient complained of persistent low back pain, rated 2-6/10 in severity. The pain travels into both legs, more on the left. There was still weakness on the left lower leg. His back pain interferes with his sleep. Physical examination showed reduced active lumbar spine range of motion due to pain and guarding. There was myospasm and hypertonicity of bilateral paralumbar muscles, more on the left. Straight leg raise test was equivocal on the right and positive on the left. Kemps test was positive. There was reduced sensation to light touch over the lateral aspect of the lower legs into the feet. Motor strength was 2/5 on left ankle dorsiflexion and left knee extension, 3/5 on left toe extension and left ankle plantar flexion, 3/5 on left knee extension, and 4/5 on right knee extension. MRI of the lumbar spine, dated June 12, 2014, revealed 6mm disc protrusion at L2-L3 causing moderate canal stenosis and moderate to severe foraminal stenosis bilaterally, and 6mm disc protrusion at L3-L4 causing moderate canal stenosis severe foraminal stenosis on the left. Treatment to date has included Atenolol, Losartan, Lisinopril, MS Contin, Tramadol ER, Norco, home exercise program, and activity modification. Utilization review, dated July 18, 2014, modified the request for 100 Norco 10/325mg to 88 Norco 10/325mg to continue the weaning process; denied the request for 60 Tramadol ER 150mg because of the provider's intention to discontinue it and continue tapering Norco; and denied the request for 1 urine drug screen because the patient has not been prescribed any other opioid medication and because the request for Tramadol ER was non-certified and the

patient is in the process of weaning from Norco. Another utilization review, dated August 9, 2014, certified the request for 70 Norco 10/325mg for continued weaning purposes; and certified the request for 60 Tramadol ER 200mg because of the severity of his symptoms and the evidence of functional improvement from the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use; When to Discontinue Opioids; When to Continue Opioids.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Norco since at least February 2014. Progress report dated July 10, 2014 state that the patient's pain becomes reduced and he is able to be more functional with Norco. He was able to sit longer, walk longer, and do his chores and daily activities. Low back pain comes down to 2/10 after taking Tramadol ER or Norco. Urine drug screen dated April 17, 2014 was also consistent with the medications. The guideline criteria were met. Therefore, the request for Norco 10/325mg #100 is medically necessary.

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been taking Tramadol since May 2014 simultaneous with intake of Norco. Recent progress report dated August 6, 2014 state that the medication is helping reduce his low back pain significantly up to 2/10 in severity. It allows him to be more physically active as well. Urine drug screen dated April 17, 2014 was also consistent with the medications. However,

progress report dated July 10, 2014 state that the physician was recommending Tramadol to be discontinued both due to side effects and also because it does not appear to be significantly reducing his pain. The medical necessity cannot be established due to conflicting information. Therefore, the request for Tramadol ER 150mg #60 is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. Previous urine drug screen was done on April 17, 2014 showed consistent results. The documented rationale for the request was to assess compliance and diversion. However, submitted medical records did not document any evidence of non-compliance from prescribed medications. There was also no suspicion of substance misuse from the physician. The medical necessity has not been established. Therefore, the request for 1 urine drug screen is not medically necessary.