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| Case Number: | CM14-0123427 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 12/05/2011 |
| Decision Date: | 11/17/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 59-year-old female employee with a date of injury of 12/5/2011. A review of the medical records indicates that the patient is undergoing treatment for abnormal reflex, adj react-mixed emotion, and lumbar disc displacement. Subjective complaints include low back pain and radicular pain in lower extremities, left worse than right. Objective findings include a slightly stooped forward gait. Her heel to toe walk reveal some weakness in the left S1 area. Straight leg test is positive on the left. The patient had an MRI revealing L4-5 and L5-S1 degenerative disc disease, herniated discs, stenosis, and facet hypertrophy. Treatment has included five lumbar epidural steroid injections, trigger point injection, and physical therapy (x24); medications have included Tramadol and Hydrocodone since Jan 2014, Ultram and Vicodin. The utilization review dated 7/21/2014 non-certified the requests for Norco 10/325mg #60 and Tramadol 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids: Norco (hydrocodone/acetaminophen). Decision based on Non-MTUS Citation Baumann, 2002

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)

Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck and 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 it does state that continued opioid use requires the "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. Additionally, medical documents indicate that the patient has been on Norco since Jan 2014, in excess of the recommended 2-week limit. As such, Norco 10/325mg #60 is not medically necessary.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central-acting analgesics: Tramadol. Decision based on Non-MTUS Citation Kumar, 2003; Lexi-Comp, 2008

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol and Ultram Page(s): 74-96, 113, and 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Ultram is the brand name version of Tramadol, which is classified as centrally acting synthetic opioid. 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." ODG 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. A utilization review from February 2014 also non-certified a request for Tramadol, noting that it is not a first-line treatment for pain and that no objective functional benefit had been recorded. As such, the request for Tramadol 150mg #60 is not medically necessary.