

Case Number:	CM14-0124978		
Date Assigned:	09/25/2014	Date of Injury:	08/24/2012
Decision Date:	10/27/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 26-year-old male who has submitted a claim for lumbar disc displacement associated with an industrial injury date of August 24, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of persistent low back pain and left lower extremity paresthesias. The pain was rated 7-8/10 with medication and 10/10 without. Physical examination revealed slow antalgic gait, pain with lumbar ROM, diffuse 5-/5 left lower extremity strength, diminished reflexes on the left, atrophy of the left gastrocnemius, positive straight leg raise test on the left, and decreased sensation in the left calf and foot. Treatment to date has included surgery, physical therapy, chiropractic therapy, aquatic therapy, ESIs, home exercises and medications. Medications include Norco and Tramadol ER. The medications allegedly help to control the patient's pain and increase his function. Utilization review from July 11, 2014 denied the request for Norco 10/325 mg #60 and Tramadol ER # 150 MG because the positive response mentioned by the patient was not further elaborated in terms of degree and duration of pain relief experiences and specific functional gains achieved. Results of recent drug screens to validate strict adherence to the current medications were also not reported.

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 Criteria for Use of Opioids On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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, the patient had been taking Norco for pain since at least February 2014. The patient stated that the medications help relieve his pain and improve his functions but this was not further elaborated in terms of degree and duration of pain relief experiences and specific functional gains achieved. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325mg #60 is not medically necessary.

Tramadol ER # 150 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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, the patient had been taking Tramadol for pain since at least February 2014. The patient stated that the medications help relieve his pain and improve his functions but this was not further elaborated in terms of degree and duration of pain relief experiences and specific functional gains achieved. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not

established because the guideline criteria are not met. Therefore, the request for Tramadol ER # 150 MG is not medically necessary.