

Case Number:	CM14-0141467		
Date Assigned:	09/10/2014	Date of Injury:	05/06/2010
Decision Date:	10/10/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 29-year-old female who sustained an injury on 05/06/10. As per the report of 07/02/14, the patient complained of neck, mid back, low back and bilateral shoulder pain. Exam of the cervical and upper extremities revealed tenderness over the trapezius muscles bilaterally, tenderness over anterior glenoid and greater tuberosity on the left and decreased ROM of the neck and left shoulder. There were positive Neer's, Hawkins and Phalen's wrist tests. Exam of the lumbar spine revealed decreased range of motion (ROM). There was positive Lasegue's test. Magnetic resonance imaging (MRI) of the lumbar spine dated 11/19/12 revealed definite lesions at L4-5 and L5-S1 on the lumbar, hypertrophy at the facet joints bilaterally. Magnetic resonance imaging (MRI) of the cervical spine showed 2mm central protrusions at the C3-4 and C4-5, 2mm protrusions at C5-6 and C6-7. Current medications include Anaprox DS, Doral, Norco, Prilosec and Ultram ER. Past treatments include physical therapy, medication management, chiropractic manipulation, core strengthening, behavior modification and injection therapy; however, all these failed to control her current symptomatology. She had 3 urine drug screens in 2014, and the most recent report indicated that Tramadol and Hydrocodone were not detected in the test. Diagnosis: cervical spine strain/sprain; cervical disc displacement; radicular syndrome of upper limbs; shoulder impingement; rotator cuff tear; sprain shoulder; carpal tunnel syndrome; lumbar strain/sprain; HNP lumbar; radicular syndrome of lower limbs. The request for Doral 15mg #60 was modified to Doral 15mg #30. The request for Norco 10/325mg #120 was modified to Norco 10/325mg #60. The request for Ultram 150mg #90 was modified to Ultram 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

Decision rationale: Per ODG, FDA-approved benzodiazepines for sleep maintenance insomnia include Estazolam (ProSoma), Flurazepam (Dalmane), Quazepam (Doral), and Temazepam (Restoril). Triazolam (Halcion) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." Furthermore, there is no documentation of any significant improvement in sleep with its use. Long-term use of these medications is not supported. Thus, the request for Doral 15mg #60 is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 74.

Decision rationale: Per CA MTUS guidelines, Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management such as home exercise. There is no documentation of return to work. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use. Additionally, the most

recent urine drug test report showed that Hydrocodone was not detected, indicating non-compliance. The medical documents do not support continuation of opioid pain management. The medical necessity for Norco has not been established based on guidelines and lack of documentation; therefore, the request is not medically necessary.

Ultram 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-93.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management such as home exercise. There is no documentation of return to work. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use. Additionally, the most recent urine drug test report showed that Tramadol was not detected, indicating non-compliance. The medical documents do not support continuation of opioid pain management. The medical necessity for Ultram has not been established based on guidelines and lack of documentation; therefore, the request is not medically necessary.