

Case Number:	CM14-0147308		
Date Assigned:	09/15/2014	Date of Injury:	06/12/1995
Decision Date:	10/15/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/10/2014

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 64-year-old female who has submitted a claim for Degenerative Lumbar Spondylosis and Myofascial Pain Syndrome associated with an industrial injury date of 06/12/1995. Medical records from February 2014 to July 2014 were reviewed which showed chronic low back pain, 4/10. Patient reported relief of pain with current analgesics. Likewise, current medications helped maintain level of physical function and improved quality of life. Physical examination findings were not included in the medical documents provided. Treatment to date has included medications: Fentanyl patch, Tramadol 50mg, Ibuprofen 800mg, Percocet or Endocet 10/325mg, and Tylenol (alternating with Endocet) since at least February 2014. Utilization review from 08/28/2014 denied the request for Endocet 10/325mg #30 since there was no documentation of opioid compliance guidelines. The request for Tramadol 50mg #120 was modified to tramadol 50mg #60 to facilitate downward titration. There was likewise no clear rationale why 2 short-acting opioids were prescribed. The request for ibuprofen 800mg #90 was denied since there was no objective evidence of benefit from intake of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endocet 10/325mg #30: Upheld

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

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

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been taking Endocet 10/325mg since at least February 2014. The most recent clinical evaluation revealed pain 4/10 with reports of improved quality of life and maintained level of functioning with present medications. However, the result of a toxicology test was not included in the medical documents provided. Moreover, progress notes cited that patient was instructed to alternate Endocet with Tylenol to avoid tolerance however a specific plan for tapering the medication was not clearly stated. Therefore, the request for Endocet 10/325mg #30 is not medically necessary.

Tramadol 50mg #120:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section, Tramadol Page(s): 74-81, 84.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting opioid analgesic reported to be effective in the treatment of neuropathic pain, but is not recommended as a first-line oral analgesic. Although the use of Tramadol for chronic back pain is efficacious, it is limited to short-term pain relief only. It has been shown on Cochrane studies to be associated with decreased pain intensity, produced symptom relief and improved function for a time period of up to 3 months, but adverse events often caused study participants to discontinue this medication, limiting its usefulness. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. Likewise, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been taking Tramadol 50mg, together with Endocet 10/325mg since at least February 2014. The most recent clinical evaluation revealed pain 4/10 with reports of improved quality of life and maintained level of functioning with present medications. However, result of a toxicology test was not included in the medical documents provided. Guideline criteria for continuing opioid management were not met. Therefore, the request for Tramadol 50mg #120 is not medically necessary.

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: As stated on page 67 CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. ODG likewise states that NSAIDs are recommended for acute pain, acute low back pain, short-term pain relief in chronic low back pain, and short-term improvement of function in chronic low back pain. In this case, the patient has been taking Ibuprofen 800mg, together with Tramadol 50mg, Endocet 10/325mg, and Tylenol, since at least February 2014. The most recent clinical evaluation revealed pain 4/10 with reports of improved quality of life and maintained level of functioning with present medications. However, long-term NSAID use is not recommended. There is no discussion concerning need for variance from the guidelines. Therefore the request for Ibuprofen 800mg #90 is not medically necessary.