

Case Number:	CM14-0175032		
Date Assigned:	10/28/2014	Date of Injury:	03/01/2002
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/22/2014

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:

This is a 59 years old male patient who sustained an injury on 3/1/2002. The current diagnoses include L4-L5 annular tear with L3 through S1 stenosis and radiculopathy and thoracic strain. He sustained the injury while working at a table and preparing a large piece of steel to go into the chrome tank. The steel slipped off the table and he tried to grab it and hold it, keeping it from falling. As he attempted to hold the steel, he experienced upper and lower back pain. Per the doctor's note dated 8/11/14, he had complaints of upper back pain, lower back pain, bilateral shoulder pain, bilateral arm pain, left leg pain, bilateral foot pain with pins and needles sensation. Physical examination revealed tenderness in the paraspinal musculature of the thoracolumbar region, muscle spasm noted over the lumbar spine, decreased lumbar range of motion; decreased sensation at L5 dermatome bilaterally, normal strength and negative straight leg raise. The medications list includes ibuprofen, ultram, hydrocodone, atorvastatin, janumet and zolpidem. He has had MRI thoracic spine and lumbar spine dated 12/10/2005; MRI thoracic spine dated 8/7/2007; MRI cervical spine dated 5/21/14 which revealed minor disc bulge and facet hypertrophy as described particularly at C4 - 5, C5-6, and C6- 7 without canal or foraminal stenosis or nerve root impingement; MRI lumbar spine dated 5/21/14 which revealed at L4-5: a 4 mm disc bulge, left side greater than right, in combination with facet hypertrophy minimally narrows the canal particularly the left lateral recess and mildly narrows the left neural foramen; at L3-4 a 3-4 mm central protrusion which mildly flattens the anterior thecal sac in combination with mild facet hypertrophy mild to moderately narrows the canal similar to the previous examination; at L5-S1 a 4 mm diffuse bulging of the annulus in combination with mild facet hypertrophy which mildly narrow the neural foramina without central canal stenosis; electro-diagnostic studies dated 6/26/14 with normal findings. His surgical history includes right foot, nose and hernia repair. He has had physical therapy visits and epidural steroid injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg # 90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 75,82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The need for tramadol on a daily basis with lack of documented improvement in function is not fully established. The level of the pain with and without medications is not specified in the records provided. Short term or prn use of tramadol in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However, the need for 90 tablets of tramadol 50 mg, as submitted, is not deemed medically necessary. The medical necessity of Ultram 50 mg # 90 with 3 refills is not established for this patient.

Norco 10/325 mg # 90 with 2 refills: 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): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/30/14) Opioids, criteria for use

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "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." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation

with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 mg # 90 with 2 refills is not established for this patient.