

Case Number:	CM14-0182532		
Date Assigned:	11/07/2014	Date of Injury:	06/27/2002
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal 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 an injured worker with the diagnoses of chronic back and radicular leg pain. Date of injury was 06-27-2002. The progress report dated June 19, 2014 documented subjective complaints of chronic back and intermittent radicular leg pain. His radicular pain was predominantly left-sided. He stated that the medications have been helpful to maintain him. Examination disclosed tenderness in the left paralumbar area extending into the left sciatic notch. Active voluntary range of motion of the thoracolumbar spine was limited. The patient was able to forward flex to approximately 45 degrees and extend to 10 degrees before experiencing low back pain. Lateral bending was limited to 15 degrees in either direction. Straight leg raising test was positive degrees, negative on the right. Motor examination was felt to be normal in, all major muscle groups of the lower extremities. Sensory examination was normal to light touch. No pathologic reflexes were evident. Hip range of motion was full bilaterally. No groin or thigh pain was experienced upon range of motion of the hips. Treatment plan included Cyclobenzaprine, Ultracet, and Norco 5/325. The progress report dated September 19, 2014 documented subjective complaints of chronic daily pain in his back with recent intensification of pain down his left leg. The patient states that couple of weeks ago he could hardly stand up and even walk. Physical examination demonstrated a difficulty heel-toe walking on the left leg secondary to pain and weakness. Straight-leg-raising was positive on the left and negative on the right. Motor examination was normal in all major muscle groups of the lower extremities. Sensory examination was normal to light touch. No pathologic reflexes were evident. Hip range of motion was full bilaterally. No groin or thigh pain was experienced upon range of motion of the hips. Active voluntary range of motion of the thoracolumbar spine was severely limited. The patient could only forward flex to approximately 20 degrees and extend to 5 to 10 degrees before stopping to complain of back pain. Lateral bending was also limited significantly to

approximately 5 degrees before the patient stopped to complain of pain. Dynamic roentgenograms were obtained. He has advanced disc disease from L2 to the sacrum. No obvious spondylolisthesis was detected. The patient has multilevel disc disease. The treatment plan included Ultracet (Tramadol/Acetaminophen) 37.5/325 mg, Norco (Hydrocodone/Acetaminophen) 5/325 mg, and Prednisone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol-Acetaminophen 37.5/525mg #240 DOS: 9/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48; 308-310, Chronic Pain Treatment Guidelines Opioids Tramadol (Ultram), Page(s): 74-96; 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. MTUS Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. The progress report dated September 19, 2014 documented chronic lumbosacral conditions and a request for 240 tablets of Ultracet (Tramadol/Acetaminophen) 37.5/325 mg and 240 tablets of Norco (Hydrocodone/Acetaminophen) 5/325 mg. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for 240 tablets of Ultracet exceeds MTUS parameters and is not supported. Therefore, the request for Tramadol-Acetaminophen 37.5/525mg #240 DOS: 9/19/14 is not medically necessary.

Retrospective Prednisone 5mg #21 DOS: 9/19/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic); Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Prednisone (Deltasone). Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) state that corticosteroids are recommended for acute radicular pain. The use of corticosteroids (oral/parenteral) is recommended for the treatment of the acute exacerbation low back pain with radiculopathy in the chronic phase of injury. Prednisone (Deltasone) is a corticosteroid. The progress report dated September 19, 2014 documented acute flare-up and aggravation of the patient's low back pain with lower extremity radicular symptoms. ODG guidelines support the use of Prednisone (Deltasone) for the exacerbation low back pain with radiculopathy. Therefore, the request for Prednisone 5mg #21 DOS: 9/19/14 is medically necessary.

Retrospective Hydrocodone-Acetaminophen 5/325mg #240 DOS: 9/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48; 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. The progress report dated September 19, 2014 documented chronic lumbosacral conditions and a request for 240 tablets of Norco (Hydrocodone/Acetaminophen) 5/325 mg and 240 tablets of Ultracet (Tramadol/ Acetaminophen) 37.5/325 mg. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for 240 tablets of Norco 5/325 mg exceeds MTUS parameters and is not supported. Therefore, the request for Hydrocodone-Acetaminophen 5/325mg #240 DOS: 9/19/14 is not medically necessary.