Case Number:	CM14-0044864		
Date Assigned:	07/02/2014	Date of Injury:	01/11/2006
Decision Date:	08/21/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational 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 44-year-old male with a 1/11/06 date of injury. The mechanism of injury occurred when the patient was working as a sewer maintenance worker. He was prying open a manhole cover and heard a pop. He said he did the same thing for years and noticed his mid and lower back symptoms progressively worsened. According to a 2/25/14 progress note, the patient stated that he has been getting greater than 80% pain relief with his current medications in terms of his lower back pain. He has intermittent pain and numbness in his bilateral lower extremities. He stated he feels that his current pain and discomfort is moderately impacting his general activity and sleep. Objective findings: range of motion (ROM) of the thoracic spine was slightly restricted in all planes; ROM of the lumbar spine was slightly-to-moderately restricted in all planes; multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles; and sensation to fine touch and pinprick was decreased in the posterior aspect of the right thigh and calf as well as in the dorsum and plantar surfaces of the right foot. Diagnostic impression: chronic myofascial pain syndrome, thoracolumbar spine; and bilateral L5 and right S1 radiculopathy. Treatment to date: medication management, activity modification. A utilization review (UR) decision dated 4/1/14 denied the retrospective requests for Tramadol, Naproxen, Hydrocodone, and urine drug screen. The date of service (DOS) for all four was 02/25/14. Regarding Tramadol and Hydrocodone, the reviewer reasoned that there was no evidence of functional improvement documented. Regarding Naproxen, the reviewer said no benefit had been reported and side effects had been reported. No rationale was provided regarding the denial of a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol HCL #45 (DOS: 02/25/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, specific drug list Page(s): 80, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless: prescriptions are from a single practitioner; medications are taken as directed; medications are prescribed at the lowest possible dose; and there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports provided for review, there is documentation of functional improvement with the patient's use of Tramadol. However, urine drug screens dated 4/5/13, 7/2/13, 10/4/13 and 12/31/13 were inconsistent for Tramadol. There was no documentation that the physician has addressed this issue. In addition, the patient is also taking Hydrocodone for pain. There was no rationale provided as to why the patient requires two short-acting opioid analgesics for pain relief. Therefore, the request for Retrospective Tramadol HCL #45 (Date of Service: 02/25/14) was not medically necessary.

Retrospective Naproxen 550mg #120 (DOS: 02/25/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. It is documented in several progress notes that the patient gets greater than 50% pain relief with his current medications. It is also documented that the patient has improved activities of daily living with the use of his medications. Therefore, the request for Retrospective Naproxen 550mg #120 (DOS: 02/25/14) was medically necessary.

Retrospective Hydrocodone/APAP 2.5/325mg #120 (DOS: 02/25/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, specific drug list Page(s): 80, 91.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless: prescriptions are from a single practitioner; medications are taken as directed; medications are prescribed at the lowest possible dose; and there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports provided for review, there is documentation of functional improvement with the patient's use of Hydrocodone. However, the results from the 5/31/13, 12/31/13, and 2/25/14 urine drug screens were inconsistent for Hydrocodone. There was no documentation that the physician has addressed this issue. In addition, the patient is also taking Tramadol for pain. There was no rationale provided as to why the patient requires two short-acting opioid analgesics for pain relief. Therefore, the request for Retrospective Hydrocodone/APAP 2.5/325mg #120 (DOS: 02/25/14) was not medically necessary.

Retrospective Urine Drug Screen (DOS: 02/25/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Summary - Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug testing and Opioids On-Going Management Page(s): 43 and 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to check for abuse, before a therapeutic trial of opioids, or in the case of addiction or poor pain control in patients under on-going opioid treatment. It is documented in a 2/6/14 progress note that the patient has a history of substance abuse. According to the reports provided for review, the patient has had several inconsistent urine drug screens. There has been no documentation that the prescribing physician has addressed this issue. It is unclear why the physician is requesting an additional urine drug screen if the issue of inconsistent urine drug screens is continually not being addressed by the physician. Therefore, the request for Retrospective Urine Drug Screen (DOS: 02/25/14) was not medically necessary.