

Case Number:	CM14-0211000		
Date Assigned:	12/23/2014	Date of Injury:	06/16/1999
Decision Date:	02/20/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 58 year old male patient who sustained a work related injury on 6/16/1999 The exact mechanism of injury was not specified in the records provided. The current diagnoses include chronic lumbar radiculopathy, lumbago, degenerative disc disease and lumbar stenosis. Per the doctor's note dated 11/7/14, patient has complaints of low back pain, at 6-7/10 with radiating numbness into his buttocks and more on the right than the left and numbness that radiates down the front of his bilateral thighs Physical examination revealed lumbar ROM: flexion: 70, and extension: 25 and paravertebral muscle tenderness and positive muscle spasms over bilateral lumbar musculature, straight leg raise: negative bilaterally at 60 degree, fabers test: negative bilaterally, slump test: negative bilaterally, facet loading: negative bilaterally and 5/5 strength, deep tendon reflexes patellar: diminished on the left The current medication lists include Tramadol, Norco, Cymbalta, Hydrochlorothiazide, Metformin The patient has had MRI of the lumbar spine on 8/01/12 that revealed no new disc protrusion or critical canal stenosis, bilateral pars defect LS, stable moderate intervertebral canal stenosis on the right at L4-5 and LS-51, chronic and moderately severe degenerative disc disease at L4-5 and LS-51 and Subtle progression in the mild disc bulge at L3-4. The patient has had Lumbar epidural steroid injections, the most recent one on 4/14/14 on the left side with 50% relief and intra-discal electro thermal procedure in 2000 The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol / APAP 37.5/325mg 1 bid #60 refills x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: Tramadol /APAP 37.5/325mg, is a centrally acting analgesic with a dual mode of action as an agonist of the opioid receptor and as a norepinephrine reuptake inhibitor. It is similar to tramadol in its dual mechanism of action. 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 norepinephrine. 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 / APAP 37.5/325mg use is recommended for treatment of episodic exacerbations of severe pain. The current diagnoses include chronic lumbar radiculopathy, lumbago, degenerative disc disease and lumbar stenosis. Per the doctor's note dated 11/7/14, patient has complaints of low back pain, at 6-7/10 with radiating numbness into his buttocks and more on the right than the left and numbness that radiates down the front of his bilateral thighs Physical examination revealed lumbar ROM: flexion: 70, and extension: 25 and paravertebral muscle tenderness and positive muscle spasms over bilateral lumbar musculature, deep tendon reflexes patellar: diminished on the left. Patient is already taking a NSAID and a muscle relaxant. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having a low dose mild opioid like tramadol / APAP 37.5/325mg 1 bid #60 refills x 2, available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary this request for Tramadol / APAP 37.5/325mg 1 bid #60 refills x 2is deemed as medically appropriate and necessary.

Norco 10/325 2 daily pm #30 refills x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use criteria for use of opioids, Therapeutic Trial of Opioids Page(s): 76-.

Decision rationale: Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "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 patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is 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 the 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 do 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 nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 2 daily pm #30 refills x 2 is not established for this patient.

Trial Acupuncture x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the CA MTUS Acupuncture medical treatment guidelines cited below state that ""Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. The patient has received an unspecified number of the PT visits for this injury. Response to any prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/Acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity, of Trial acupuncture x 8 is not fully established.