MAXIMUS Federal Services

Case Number:	CM14-0213060		
Date Assigned:	12/30/2014	Date of Injury:	10/18/2011
Decision Date:	02/27/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/19/2014

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: California
Certification(s)/Specialty: Internal Medicine

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 history of low back pain. The mechanism of injury was fall. Date of injury was October 18, 2011. The progress report dated July 28, 2014 documented a history of diabetes and hypertension. The primary treating physician's progress report dated October 8, 2014 documented that the patient presented with low back pain. He reports that he is doing better. He feels that the massage therapy helping with decrease pain and tightness. He reports that he is able to work full time, but he does continue to have pain and numbness into his right buttocks. He reports that he continues to have pain with bending, driving, and stooping type activities. He reports that he is doing stretching exercises daily with some relief. He reports that the medications are helping. He feels that the Norco helps significantly but it tends to make him tired. He is wanting something that he could take while at work that will not make him tired, He wants to limit his Norco intake. He does not need any refills of the Omeprazole. He describes his low back pain as a burning type pain. He reports that his pain and numbness goes down his right leg. His pain level without medications is 6-7/10 and with medication is a 4-5/10 in intensity. His pain is better with walking, laying down, medications, and ice. His pain is worse with standing, sitting, stooping, squatting, bending, and lifting. He denies any new symptoms. He enjoys camping, bike riding, swimming, and vacationing. He denies nausea, vomiting, fever, chills, sedation, abdominal pain, bowel or bladder dysfunction, or depression. He denies any new cardiopulmonary symptoms. He denies any new trauma or injury. The progress report dated October 8, 2014 documented that the patient reported low back pain that radiated down his right leg. Physical examination of the lumbar spine demonstrated that strength was grossly normal and

sensation was intact. Patellar and achilles reflexes were 1+ bilaterally. Straight leg raise was positive bilaterally. Diagnoses included chronic pain syndrome, low back pain, lumbar disc pain, lumbar degenerative disc disease, and lumbar radicular pain. Treatment plan was documented. Norco and Tramadol were prescribed. Electromyography (EMG) and nerve conduction velocity (NCV) were requested. Naproxen was discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

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 opioids. The lowest possible dose should be prescribed to improve pain and function. Immediate discontinuation has been suggested for evidence of illegal activity including diversion. 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. MTUS Chronic Pain Medical Treatment Guidelines indicates that Ultram (Tramadol) is a centrally acting synthetic opioid analgesic. 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 low back conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. The urine drug screen dated July 28, 2014 detected Amphetamines, which is potentially aberrant. The urine drug screen dated October 8, 2014 detected Amphetamines, Oxycodone, and Benzodiazepines, which is potentially aberrant. Per MTUS, immediate discontinuation has been suggested for evidence of illegal activity including diversion. The request for authorization (RFA) was dated December 8, 2014. No progress reports from November 2014 or December 2014 were present in the submitted medical records. Without the corresponding progress reports, the 12/8/14 request for Tramadol is not supported. Tramadol is a schedule IV controlled substance. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for Tramadol is not supported by MTUS and ACOEM guidelines.Therefore, the request for Tramadol ER 150mg is not medically necessary.

60 Tablets of Norco 10mg/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

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. Immediate discontinuation has been suggested for evidence of illegal activity including diversion. 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 low back conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. The urine drug screen dated July 28, 2014 detected Amphetamines, which is potentially aberrant. The urine drug screen dated October 8, 2014 detected Amphetamines, Oxycodone, and Benzodiazepines, which is potentially aberrant. Per MTUS, immediate discontinuation has been suggested for evidence of illegal activity including diversion. The request for authorization (RFA) was dated December 8, 2014. No progress reports from November 2014 or December 2014 were present in the submitted medical records. Without the corresponding progress reports, the 12/8/14 request for Norco is not supported. Norco is a schedule II Hydrocodone combination product. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for Norco 10/325 mg is not supported by MTUS and ACOEM guidelines. Therefore, the request for 60 tablets of Norco 10mg/325 mg is not medically necessary.

60 Capsules of Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The primary treating physician's progress report dated October 8, 2014 documented that Naproxen was discontinued. The request for authorization (RFA) was dated December 8, 2014. No progress reports from November 2014 or December 2014 were present in the submitted medical records. Without the corresponding progress reports, the 12/8/14 request for Omeprazole is not

supported. Therefore, the request for 60 capsules of Omeprazole 20mg is not medically necessary.

90 Tablets of Neurontin 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).Gabapentin (Neurontin). Page(s): 16-22,18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a treatment for neuropathic pain. A good response to the use of antiepilepsy drugs (AEDs) has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The request for authorization (RFA) was dated December 8, 2014. No progress reports from November 2014 or December 2014 were present in the submitted medical records. Without the corresponding progress reports, the 12/8/14 request for Neurontin is not supported. Therefore, the request for 90 tablets of Neurontin 600mg is not medically necessary.