MAXIMUS Federal Services

Case Number:	CM14-0215377		
Date Assigned:	01/02/2015	Date of Injury:	11/08/2001
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 57-year-old male with a date of injury of November 8, 2011. The patient's industrially related diagnoses include lumbar discopathy with disc displacement, lumbar radiculopathy, and bilateral sacroiliac arthropathy. The disputed issues are Ultram ER 150mg #90 and Norco 10/325mg #120. A utilization review determination on 12/12/2014 had non-certified these requests. The stated rationale for the denial of Ultram ER was: "It appears that the use of Ultram does not appear to be medically appropriate at this time. The patient is still complaining of worsening pain. The patient's continues use of opioids warrants a concur for addiction. Because of this, starting another opioid does not follow guideline. Therefore, the request for 1 prescription of Ultram ER 150mg #90 is non-certified." The stated rationale for the denial of Norco was: "It appears that the continuation of Norco does not appear to be medically appropriate at this time. The patient has been taking Norco since at least March 2014. At this point, the patient is still complaining of worsening pain. In regards to the guideline recommendations and the patient's previous response, a prescription of Norco does not appear to be warranted and instead, weaning is indicated. It would be seasonable to start tapering at a rate of 10% which is equal to approximately #108 tablets. Based on the above discussion, the perspective request for one prescription of Norco 10/325mg #120 is certified with modification to one prescription of Norco 10/325mg #108; the remaining one prescription of Norco 10/325mg #12 is non-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ultram ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 75-80.

Decision rationale: necessary:With regard to the request for Ultram ER (tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. As of July 2014, the DEA changed the classification of Ultram to a schedule IV controlled substance. Due to the potential for abuse, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Before initiating a trial of opioids, guidelines recommend that baseline pain and functional assessments should be made and more frequent office visits should be scheduled in the trial phase. Within the medical records available for review, it does not appear that the injured worker has taken Ultram ER before. However, the treating physician did not provide a rationale as to why he was prescribing another opiate pain medication since the injured worker was already prescribed and taking Norco 10/325mg. Furthermore, there were no baseline pain and function assessments documented prior to initiating this new treatment. Lastly, the prescription was written for a 3 month supply, but the guidelines recommend more frequent follow visits when starting a new opiate pain medication. In light of the above issues, the currently requested Ultram ER 150mg #90 (1 tablet by mouth daily), is not medically necessary.

1 Prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. The DEA has reclassified Norco as of October 6, 2014 as a Schedule II Controlled Medication. Because of this reclassification, refills are not allowed and closer monitoring is encouraged.Within the medical records available for review, while the treating physician documents that the medication is helpful, there is no indication that

the medication is improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. The treating physician requested a urine drug screen on 11/29/2014 to monitor adherence to the prescription treatment regimen, but there was no documentation of a signed opioid agreement and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation as discussed above, medical necessity for Norco 10/325mg #120 cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he sees fit or supply the requisite monitoring documentation to continue this medication.