

Case Number:	CM14-0217628		
Date Assigned:	01/07/2015	Date of Injury:	09/29/2004
Decision Date:	03/04/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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 55 years old male patient who sustained an injury on 9/29/2004. The current diagnoses include lumbar discopathy with disc displacement, lumbar radiculopathy and bilateral sacroiliac arthropathy. Per the doctor's note dated 12/6/2014, he had complaints of low back pain with radiation to the mid thoracic spine into the base of neck and also radiation to the legs with numbness and tingling. The physical examination revealed tenderness over the lumbar paraspinal musculatures and bilateral sacroiliac joints, decreased lumbar range of motion, positive straight leg raising bilaterally at 20 degrees, positive Fabere and patrick's maneuver and decreased sensation in bilateral S1 dermatomal distribution. The medications list includes norco, prilosec, paxil, fexmid, nalfon, ultram ER and topical analgesic creams. He has had urine drug screen on 1/7/2014 which was inconsistent for tramadol and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back complaints.

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

Decision rationale: Request: Q-1-Ultram ER 100mg #90 Tramadol is a centrally acting synthetic opioid analgesic. 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 nor epinephrine. 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 use is recommended for treatment of episodic exacerbations of severe pain. The need for tramadol on a daily basis with lack of documented improvement in function is not fully established. A request for a smaller quantity for prn use for episodic exacerbations of severe pain would be considered medically appropriate and necessary. However the rationale for a large quantity of tramadol 90 tablets for episodic exacerbations of severe pain is not specified in the records provided. In addition, he has had urine drug screen on 1/7/2014 which was inconsistent for tramadol and hydrocodone. Response to pain with and without tramadol is not specified in the records provided. The medical necessity of 1 prescription for Ultram ER 100mg #90, as prescribed, is not fully established for this patient.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): Page 76-80. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Opioids, criteria for use

Decision rationale: Request: Q-2-Norco 10/325mg #120 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, '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 that patient has set goals regarding the use of opioid analgesic. The 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 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 the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines 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. He has had urine drug screen on 1/7/2014 which was inconsistent for tramadol and hydrocodone. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient.