

Case Number:	CM15-0005655		
Date Assigned:	01/26/2015	Date of Injury:	12/05/2011
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 60 year old female who sustained a work related injury December 5, 2011. Past medical history includes asthma. According to a consulting physician's initial report, dated December 8, 2014, she is a psychiatric nurse and while assisting with a patient, he hit her in the chest and pushed her to the door jamb while trying to choke her. She complained of back and leg pain and was treated over time with physical therapy, multiple epidural injections and evaluations by multiple practitioners, including a neurologist. She now presents with lower back pain that refers down the left leg, left lateral calf, left ankle and foot. She complained of numbness and tingling in the dorsolateral part of the left foot as well as left buttock area. Her condition is worse with standing, sitting, and walking and improved with lying on her right side with a pillow between her legs. The objective findings included decreased sensation along the left lower extremity dermatomes and positive straight leg raising test. A magnetic resonance imaging report is present in the medical record dated July 9, 2014. Diagnoses included lumbar scoliosis; lumbar stenosis; lateral impingement at L4-5 and L5-S1 and left leg radiculopathy. Treatment plan includes recommendation for anterior discectomy and fusion at the L4-5 and L5-S1 segments. Work status is documented as temporary total disability. A primary treating physician's report dated December 8, 2014, requests follow-up with physician regarding spine, medications and psych consultation. The medications listed are Norco, Tramadol, Valium, Xanax and Lexapro. A clinic note dated 2/24/2014 indicates that the Norco was being discontinued. There were several documentation that Toxicology was done with results discussed with the patient but no Report was provided. According to utilization review dated December 23,

2014, the request for Tramadol ER 150mg # 60, Norco 10/325mg #60 and Toxicology screen were non-certified citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to treatment with non opioid analgesics and PT. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple opioids and psychiatric sedative medications. There was intent on weaning Norco on 2/24/2014. There is no documentation of guidelines required compliance monitoring such as UDS reports, absence of aberrant behaviors and functional restoration. There is a pending referral for psychiatry management of the psychosomatic symptoms. It is recommended that anticonvulsants and antidepressants with analgesic action be utilized for better safety profile than high dose opioids in psychiatric patients. The criteria for the use of Norco 10/325mg #60 was not met.

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-97,111,113,119.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to treatment with non opioid analgesics and PT. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple opioids and psychiatric sedative medications. There was intent on weaning Norco on 2/24/2014. There is no documentation of guidelines required compliance monitoring such as UDS reports, absence of aberrant behaviors and functional restoration. There is a pending referral for psychiatry management. The criteria for the use of Tramadol ER 150mg #60 was not met. The guidelines recommend that safe weaning protocol be utilized in patients on high dose opioids treatment.

Toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that compliance monitoring that include Urine Toxicology can be utilized at initiation and randomly during chronic opioids treatment. The records indicate that the patient had several Urine Toxicology tests in 2014. The full report was not available for this review. There is no documentation of aberrant behavior or 'red flag' condition. The opioids medications are non certified so the need for Urine Toxicology no longer applies. The criteria for Urine Toxicology was not met.