

Case Number:	CM15-0120488		
Date Assigned:	07/01/2015	Date of Injury:	02/17/2014
Decision Date:	09/16/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Emergency 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 injured worker is a 28-year-old male who sustained an industrial injury on 02/17/2014 resulting in pain to the low back. Treatment provided to date has included: micro lumbar discectomy (09/2014) with some improvement noted; 6 sessions of physical therapy without relief; post-op chiropractic treatments; medications; Norco - resulting in mild reduction in pain, Percocet, Ultracet, nabumentone, Valium, gabapentin, Levaquin, Cyclobenzaprine, and Prilosec for gastrointestinal prophylaxis); and conservative therapies/care. Diagnostic tests performed include MRI of the lumbar spine (2014) showing post-surgical changes of L4-5 and L5-S1 with enhancing surrounding granulation tissue in the anterior and right posterior epidural space resulting in severe narrowing of the right lateral recess and possible impingement of the right L5-S1 nerve root, and severe tapering/collapse of the thecal sac at the L5-S1 level. There were no noted comorbidities or other dates of injury noted. Per the most recent physician's progress report (PR) dated 01/14/2015, the injured worker complained of worsening pain in the right leg and continued low back pain. The pain was rated 8-9/10 in severity, which can increase to 10/10. The injured worker described the pain as stabbing low back pain that radiates down the right leg with the leg pain being worse than the low back pain. Additional complaints included tingling in the right lower extremity, and radiating low back pain to the mid back. Previous exam (dated 12/11/2014) reported a pain level of 7/10 with occasional 10/10. On 12/11/2014, the injured worker was prescribed Norco and Oxycodone was discontinued (DC). Additionally, the injured worker was instructed to decrease Valium and DC after 7 days, and increase Gabapentin to 3 per day. Per the exam dated 01/14/2015, the injured worker reported: Norco provided moderate pain relief and

increased sleep by 4-5 hours per night; Gabapentin provided only mild pain relief; and Percocet provided significant pain relief. Per the PR dated 01/14/2015, objective findings included: tenderness to palpation over the bilateral lumbar paraspinals (right greater than left), continued restricted range of motion in the lumbar spine, diminished sensation in the right L3 and S1 dermatomes on the right, decreased reflexes in the L3, L4, and S1 dermatomes to pinprick; improved motor strength in the anterior tibialis; positive straight leg raise on the right at 30°; and positive slump and Lasegue on the right. The provider noted diagnoses of herniated nucleus pulposus of the lumbar spine at L4-5 and L5-S1, and lumbar radiculopathy. Plan of care includes DC Norco, add Ultracet 37.5/325mg 2 per day was prescribed, and decreased Gabapentin for weaning. The injured worker's work status remained temporarily partially disabled. There were no other progress reports or exams dated later than 01/14/2015 submitted for review. The request for authorization and IMR (independent medical review) includes: Tramadol 50mg #60, Anaprox, 550mg #60, Keflex 500mg #28, and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: In regards to Tramadol, the MTUS discourages long-term usage unless there is evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, return to work, or improved quality of life. Opioids are to be weaned and discontinued if there is no overall improvement in function, unless there are extenuating circumstances. After reviewing the clinical documentation submitted for review, it is found that Ultracet (Tramadol/acetaminophen) was first prescribed on 01/14/2015. There were no other progress reports after this medication was prescribed and there was no documentation of: 1) the least reported pain over the period since last assessment; 2) intensity of pain after taking the opioid; 3) how long it takes for pain relief; 4) how long pain relief lasts; 5) improvement in pain; or 6) improvement in function. Additionally, the request for authorization for this medication was not submitted; therefore, complete prescribing information (including specific drug information) could not be established. These criteria are necessary to meet MTUS guidelines. As such, the request for Tramadol 50mg #60 is not medically necessary.

Anaprox 550 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: Anaprox is a non-steroidal anti-inflammatory medication (NSAID). This type of medication is recommended for the treatment of chronic pain as a second line of therapy after acetaminophen. After reviewing the available clinical documentation, it was determined that the most recent exam findings was not submitted for review. As such, the injured worker's clinical status during the last 5 months cannot be established. Additionally, the request for authorization for this medication was not submitted and there was no mention of this medication in the clinical records available for review; therefore complete prescribing information (including specific drug information) could not be established; thus, medical necessity for the Anaprox has not been established. Therefore, anaprox 550mg #60 is not medically necessary.

Keflex 500 mg Qty 28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Infectious Disease - Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases Chapter; Cellulitis and Skin and Soft Tissue Infections.

Decision rationale: Cephalexin (Keflex) is a cephalosporin antibiotic used to treat bacterial infections. The MTUS does not address this medication; therefore, additional guidelines were referenced in the review and decision. According to the ODG, it is recommended as first-line treatment for cellulitis and other conditions such as community-associated MRSA and beta-hemolytic streptococci, and hospitalized patients with complicated skin and soft tissue infections. After review of the clinical documentation available for my review, we have determined that there is no documented evidence of cellulitis or other covered conditions, and no clinical evidence of any surgical procedure or hospitalization. Additionally, the request for authorization for this medication was not submitted and there was no mention of this medication in the clinical records available for review; therefore, complete prescribing information (including specific drug information) could not be established. As such, Keflex 500mg #28 is not medically necessary.

Norco 10/325 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: In regards to Norco, the MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends the discontinuation of Norco (an opioid) when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. After reviewing the medical documentation submitted for review, the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) intensity of pain after taking the opioid; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; or 7) improvement in function. In addition, there has been no overall measurable improvement in function or decrease in pain while taking this medication 09/26/2014. Moreover, the most recent exam findings and prescribing information was not available for review. As such, Norco 10/325mg #60 is not medically necessary.