

Case Number:	CM15-0125762		
Date Assigned:	07/10/2015	Date of Injury:	12/12/1994
Decision Date:	08/06/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/29/2015

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: California, Indiana, New York
 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:

This 55 year old woman sustained an industrial injury on 12/12/1994. The mechanism of injury is not detailed. Evaluations include a recent undated lumbar spine MRI as well as a lumbar MRI dated 4/18/2006. Diagnoses include lumbar intervertebral disc degeneration, lumbar radiculopathy, and arthropathy of lumbar facet joint. Treatment has included oral medications, rest, and activity restrictions. Physician notes dated 5/19/2015 show complaints of low back pain. The worker rates her pain 8/10 without medications and 5-6/10 with medications. Recommendations include Norco, Mobic, Ultram, Zohydro, heat, ice, stretching, exercise, and follow up in six to eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg tablets #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are the degeneration lumbar intervertebral disc; lumbar radiculopathy; arthropathy lumbar facet joint. The date of injury is December 12, 1994 (21 years prior). The request authorization is dated May 20, 2015. The earliest progress note in the medical record is dated January 13, 2015. The injured worker's current medications included Norco, tramadol, Mobic, Pristiq and Abilify. Pain scale was 3-4/10. According to a May 19, 2015 progress note, the injured worker presents for a medication refill. There are no specific subjective complaints noted in the record. Pain scale was 5-6/10. Objectively, there was tenderness palpation over the lumbar left paraspinal muscle groups. The treating provider is requesting long-acting hydrocodone (Zohydro ER) in an attempt to afford sustained pain relief. However, there was no alteration in the ongoing Norco or tramadol. There was no documentation demonstrating objective functional improvement to support ongoing tramadol 50 mg. There were no detailed pain assessments and no risk assessments in the record. There was no attempt at weaning. Consequently, absent clinical documentation demonstrating objective functional improvement, pain assessments and risk assessments with the change in dosing while starting Zohydro, Tramadol 50 mg #180 is not medically necessary.

Zohydro Extended Release 10mg tablets #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zohydro ER 10mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be

prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are the degeneration lumbar intervertebral disc; lumbar radiculopathy; arthropathy lumbar facet joint. The date of injury is December 12, 1994 (21 years prior). The request authorization is dated May 20, 2015. The earliest progress note in the medical record is dated January 13, 2015. The injured worker's current medications included Norco, tramadol, Mobic, Pristiq and Abilify. Pain scale was 3-4/10. According to a May 19, 2015 progress note, the injured worker presents for a medication refill. There are no specific subjective complaints noted in the record. Pain scale was 5-6/10. Objectively, there was tenderness palpation over the lumbar left paraspinal muscle groups. The treating provider is requesting long-acting hydrocodone (Zohydro ER) in an attempt to afford sustained pain relief. However, there was no alteration in the ongoing Norco or tramadol. There is no documentation in the medical record the injured worker has failed Norco or tramadol without maximization of dosing. Additionally, there is no contraindication to other first-line opiates before starting Zohydro ER. Consequently, absent clinical documentation of failed Norco and Tramadol and contraindications to other first-line opiate medications, Zohydro ER 10mg #30 is not medically necessary.