

Case Number:	CM15-0125962		
Date Assigned:	07/10/2015	Date of Injury:	01/17/2001
Decision Date:	08/13/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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: Pediatrics, 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:

The injured worker is a 58-year-old female, with a reported date of injury of 01/17/2001. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury included low back and leg pain. The diagnoses include sacroiliitis, lumbar postlaminectomy syndrome, lumbar radiculopathy, and long-term use of current medication. Treatments and evaluation to date have included oral medications. The diagnostic studies to date were not indicated. The medical report dated 05/27/2015 indicates that the injured worker had bilateral back pain. The severity of the pain had improved compared to the last visit. The pain was rated 5 out of 10. Her functional impairment was documented as severe. The physical examination showed a slightly antalgic gait, pain with lumbar facet loading maneuver, positive right straight leg raise test, no bilateral lower extremity limitations, and intact sensation to soft touch and temperature. It was noted that the injured worker experienced side effects from her current pain relievers, which included nausea, and constipation. There were no concerning/aberrant drug-related behaviors. The injured worker stated that the medications improved her functioning and quality of life. There was documentation that she was unemployed. The injured worker was to return in four weeks. The treatment plan included the prescription of Ultram, 1-2 tablets, three times daily as needed; Percocet, 1 tablet three times a day as needed for pain; and Methadone, 1 tablet three times a day for severe chronic pain. The treating physician requested Ultram 50mg #180, Percocet 5/325mg #90, and Methadone 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol (Ultram) Page(s): 74-96 and 113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. The injured worker had been prescribed and also taking Percocet and Methadone, which are both opioids. Tramadol may also produce life-threatening serotonin syndrome. The injured worker has been taking Ultram since 11/25/2014. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker was not working, and it was noted that her occupational and recreational activity was unchanged. Return to work was not documented, and although medications as a group were noted to allow activities of daily living, there was no documentation of improvement in specific activities of daily living as a result of use of Ultram. Therefore, the request for Ultram is not medically necessary.

Percocet 5/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Percocet (oxycodone & acetaminophen) Page(s): 74-96 and 97.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. Percocet is the brand name of a combination of oxycodone and acetaminophen. The injured worker has been taking Percocet since 11/25/2014. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker was not working, and it was noted that her occupational and recreational activity was unchanged. Return to work was not documented, and although

medications as a group were noted to allow activities of daily living, there was no documentation of improvement in specific activities of daily living as a result of use of Ultram. Therefore, the request for Percocet is not medically necessary.

Methadone 10mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78; 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone and Opioids Page(s): 61-62 and 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Methadone.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend methadone "as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk." The FDA reports that they have received reports of severe morbidity and mortality with this medication. The guidelines indicate that Methadone should only be prescribed by providers experienced in using it. The non-MTUS Official Disability Guidelines (ODG) indicate that "Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates." There was no evidence of tolerance to the other opioids or uncontrollable side effects due to the use of the Ultram or Percocet. The injured worker has been diagnosed with lumbar radiculopathy. The ODG states that there is limited evidence that suggests there may be a role for this drug for neuropathic pain. The injured worker has been taking Methadone since 11/25/2014. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker was not working, and it was noted that her occupational and recreational activity was unchanged. Return to work was not documented, and although medications as a group were noted to allow activities of daily living, there was no documentation of improvement in specific activities of daily living as a result of use of Ultram. Therefore, the request for Methadone is not medically necessary.