

Case Number:	CM15-0129833		
Date Assigned:	07/16/2015	Date of Injury:	05/10/2001
Decision Date:	09/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female, who sustained an industrial injury on May 10, 2001. Several documents included in the submitted medical records are difficult to decipher. She reported difficulties with sleeping, concentrating, and memory. The injured worker was diagnosed as having myofascial pain, chronic pain syndrome, and questionable some degree of complex regional pain syndrome. Diagnostic studies to date have included: On February 6, 2015, An MRI of the cervical spine revealed degenerative changes throughout the cervical spine without significant spinal canal stenosis or neural foraminal narrowing. On April 27, 2015, a urine drug screen positive for Ethyl Glucuronide, Ethyl Sulfate, Hydrocodone, Hydromorphone, dihydrocodeine, Tramadol, and Lorazepam. The findings of urine drug screen were findings were consistent with her prescribed medications, except for the Ethyl Glucuronide and Ethyl Sulfate. Treatment to date has included physical therapy, psychotherapy, massage therapy, self-directed exercise, cervical epidural, a stellate ganglion block, and medications including short-acting opioid analgesic, antidepressant, antipsychotic, anti-anxiety, muscle relaxant, and a wakefulness-promoting agent. There were no noted previous injuries or dates of injury, and no noted comorbidities. On April 24, 2015, the injured worker complains of 8/10 pain that is > to 3/10 with medications. The physical exam revealed positive fibromyalgia tender points, normal deep tendon reflexes, and non-tender knees today. She reports Lorazepam helps with spasms of the upper back then into abdomen. The treatment plan includes Tramadol, Norco, and Lorazepam. On May 26, 2015, the injured worker complains of a rough month. She reports that the Tramadol does not work as well as Ultram, resulting in her needing the Hydrocodone. The

physical exam revealed decreased cervical range of motion and 1-2+ deep tendon reflexes. The treatment plan includes trade name Ultram #180 as it works significant better than generic tramadol, Norco #90, and Lorazepam 1 mg one-half, no greater than 1-2 at bedtime. Requested treatments include: Norco 10/325mg #90, Ultram 50mg #180, and Lorazepam 1 mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #90: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend opioids for second-line treatment of neuropathic pain that has not responded to antidepressants and anticonvulsants. The long term usage of opioid therapy is discouraged by the CMTUS guidelines 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." In addition, the California Medical Treatment Utilization Schedule (MTUS) guidelines also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. The injured worker has been taking Norco/Tramadol for possible complex regional pain syndrome, which is a neuropathic disorder. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was lack of documentation of a risk assessment profile, attempt at weaning/tapering, and a recent urine drug screen to support compliance of treatment with Norco/Tramadol ER, which would be necessary for continued usage. Therefore, the request for Norco is not medically necessary.

1 prescription of Ultram 50mg #180 with 1 refill: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend opioids for second-line treatment of neuropathic pain that has not responded to antidepressants and anticonvulsants. The long term usage of opioid therapy is discouraged by the CMTUS guidelines 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." In addition, the California Medical Treatment Utilization Schedule (MTUS) guidelines also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. The injured worker has been taking Tramadol for possible complex regional pain syndrome, which is a neuropathic disorder. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was lack of documentation of a risk assessment profile, attempt at weaning/tapering, and a recent urine drug screen to support compliance of treatment with Tramadol ER, which would be necessary for continued usage. Therefore, the request for Ultram is not medically necessary.

1 prescription of Lorazepam 1mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, benzodiazepines are recommended for short-term (4 weeks) use due to long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines have muscle relaxant effects and tolerance to the muscle relaxant effects occurs within weeks. The injured worker was taking Lorazepam for muscle spasms since at least 2006, which significant exceeds the guideline recommendations. Therefore, the request for Lorazepam is not medically necessary.