MAXIMUS Federal Services

Case Number:	CM15-0149217		
Date Assigned:	09/03/2015	Date of Injury:	12/04/2013
Decision Date:	10/23/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old, male who sustained a work related injury on 12-4-13. The diagnoses have included discogenic cervical condition, thoracic sprain and elements of insomnia, sleep disorder and gastroesophageal reflux disease. Treatments have included rest, ice-heat therapy, oral medications, Terocin patches, LidoPro lotion, 1 session of group psychotherapy, 3 sessions of individual cognitive behavioral psychotherapy, cervical traction with air bladder, use of a cervical pillow, and use of a low back brace. In the visit note dated 6-24-15, there seems to be a conflict as to which body parts are covered. The provider states, "I did get through Utilization Review statement dated May 21, 2015 that only low back is covered. The patient does note that his low back does not hurt him, so this really a problem." The injured worker reports constant pain in the right side of neck and upper back with radiation to the fingertips on the right hand with numbness and cramping, loss of motion, and headaches with an element of depression. He rates his pain level a 5 out of 10. On physical exam, he has neck flexion is 30 degrees, extension is 50 degrees, tilting is 40 degrees to the right and 45 degrees on the left. He has tenderness along the facet and facet loading is positive. He has decreased sensation along the C5-6 distribution on the right side. He has tenderness along the upper thoracic spine. He is minimizing chores around the house. He is washing the car, vacuuming and washing dishes. He is able to cook. He does not push a grocery cart when shopping. He can walk up to 50 minutes to an hour. He can stand for 30 minutes and lift 20 pounds with both arms. He has difficulty with repetitive activities. MRI of cervical spine dated 12-4-14 shows a small central disc protrusion at C3-4, disc degeneration with broad disc protrusion and marginal osteophytosis and right greater

than left neuroforaminal narrowing at C4-5, C5-6 and at C6-7. MRI of the thoracic spine dated 10-28-14 shows diffuse disc desiccation and otherwise normal MRI. He is not working. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol ER 150mg DOS: 6/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with constant pain in the right side of neck and upper back with radiation to the fingertips on the right hand with numbness and cramping, loss of motion, headaches with an element of depression. The request is for 1 prescription of Tramadol ER 150MG DOS: 6/24/15. The request for authorization is dated 06/24/15. MRI of the cervical spine, 10/28/14, shows no evidence of fracture/dislocation, marrow replacing process or intraspinal/paraspinous mass; no evidence of cervical cord compression, expansion, or internal signal aberration; disc degeneration with broad disc protrusion and marginal osteophytosis and right greater than left neuroforaminal narrowing at C5- C6. MRI of the thoracic spine, 10/28/14, shows diffuse disc desiccation. Physical examination reveals tenderness along the facet is noted and facet loading being positive. There is decreased sensation along the C5-C6 distribution on the right side. Tenderness along the upper thoracic spine is noted as well. The patient has received neck traction with air bladder, neck pillow, hot and cold wrap, and a back brace. Patient's medications include Celebrex, Protonix, Tramadol, Neurontin, Trazodone, and Effexor. Per progress report dated 07/29/15, the patient is on modified work. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not specifically discuss this medication. Patient has been prescribed Tramadol since at least 10/14/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how

Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Ultram. No validated instrument is used to show functional improvement. There is no discussion or documentation regarding adverse effects and aberrant drug behavior. UDS dated 06/24/15 was provided, but no CURES or opioid contract. In this case, the treater has not adequately discussed the 4A's as required by MTUS. Therefore, given the lack of documentation, the request WAS NOT medically necessary.

1 prescription of Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with constant pain in the right side of neck and upper back with radiation to the fingertips on the right hand with numbness and cramping, loss of motion, headaches with an element of depression. The request is for 1 prescription of Tramadol ER 150mg #30. The request for authorization is dated 07/29/15. MRI of the cervical spine, 10/28/14, shows no evidence of fracture/dislocation, marrow replacing process or intraspinal/paraspinous mass; no evidence of cervical cord compression, expansion, or internal signal aberration; disc degeneration with broad disc protrusion and marginal osteophytosis and right greater than left neuroforaminal narrowing at C5- C6. MRI of the thoracic spine, 10/28/14, shows diffuse disc desiccation. Physical examination reveals tenderness along the facet is noted and facet loading being positive. There is decreased sensation along the C5-C6 distribution on the right side. Tenderness along the upper thoracic spine is noted as well. The patient has received neck traction with air bladder, neck pillow, hot and cold wrap, and a back brace. Patient's medications include Celebrex, Protonix, Tramadol, Neurontin, Trazodone, and Effexor. Per progress report dated 07/29/15, the patient is on modified work. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not specifically discuss this medication. Patient has been prescribed Tramadol since at least 10/14/14. MTUS requires appropriate

discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Ultram. No validated instrument is used to show functional improvement. There is no discussion or documentation regarding adverse effects and aberrant drug behavior. UDS dated 06/24/15 was provided, but no CURES or opioid contract. In this case, the treater has not adequately discussed the 4A's as required by MTUS. Therefore, given the lack of documentation, the request IS NOT medically necessary.

1 Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

Decision rationale: The patient presents with constant pain in the right side of neck and upper back with radiation to the fingertips on the right hand with numbness and cramping, loss of motion, headaches with an element of depression. The request is for 1 urine drug screen. The request for authorization is dated 06/24/15. MRI of the cervical spine, 10/28/14, shows no evidence of fracture/dislocation, marrow replacing process or intraspinal/paraspinous mass; no evidence of cervical cord compression, expansion, or internal signal aberration; disc degeneration with broad disc protrusion and marginal osteophytosis and right greater than left neuroforaminal narrowing at C5- C6. MRI of the thoracic spine, 10/28/14, shows diffuse disc desiccation. Physical examination reveals tenderness along the facet is noted and facet loading being positive. There is decreased sensation along the C5-C6 distribution on the right side. Tenderness along the upper thoracic spine is noted as well. The patient has received neck traction with air bladder, neck pillow, hot and cold wrap, and a back brace. Patient's medications include Celebrex, Protonix, Tramadol, Neurontin, Trazodone, and Effexor. Per progress report dated 07/29/15, the patient is on modified work. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Treater does not discuss the request. In this case, the patient has previously been prescribed Tramadol, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request IS medically necessary.