

Case Number:	CM15-0164273		
Date Assigned:	09/01/2015	Date of Injury:	05/18/2012
Decision Date:	11/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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 58 year old female, who sustained an industrial injury on May 18, 2012. She reported pain in her neck, shoulders, elbows, wrists, hands, thoracic spine, lumbar spine and knees. The injured worker was diagnosed as having cervical strain, herniated cervical disc, lumbar strain, herniated lumbar disc, status post total knee arthroplasty on 09-17-2012, sprain and strain of left knee, degenerative joint disease, rule out internal derangement, right wrist and hand sprain and strain, rule out internal derangement, triangular fibrocartilage tear, left wrist and hand sprain and strain, rule out carpal tunnel syndrome, sprain and strain rule out internal derangement left wrist, rule out triangular fibrocartilage tear and symptoms of anxiety and depression. Treatment to date has included diagnostic studies, cortisone injections, physical therapy, transcutaneous electrical nerve stimulation unit and medications. On July 15, 2015, the injured worker complained of cervical spine pain rated an 8 on a 1-10 pain scale, occasional headaches, aching pain in her shoulders rated a 7, bilateral elbow pain, aching pain in her wrists and hands rated a 5, localized mid back pain, lumbar spine pain rated an 8 and pain in her knees rated a 4-5 on the pain scale. She continues to suffer from anxiety, nausea, acid reflux, constipation and insomnia. At the time of exam, current medications included Norco, tramadol, Zestril, Zyrtec, Xanax, Levothyroxin, Prilosec, cyclobenzaprine, Gabapentin, Estrace, Colace, Lovastatin, Provera, Zofran, Ventolin, Quvar and Flonase. Future medical care included orthopedic evaluation, physical therapy for flare-ups, diagnostic studies, possible cortisone injection to the right shoulder and medications. On July 27, 2015, utilization review denied a request for Hydroco-APAP 5-325mg #120 and Tramadol HCL 100mg ER #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP tab 5-325mg #120, 30 day supply: 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, Opioids for chronic pain.

Decision rationale: The patient was injured on 05/18/12 and presents with pain in her neck, back, bilateral shoulders, wrist, and knees. The request is for Hydroco/APAP tab 5-325mg #120, 30 day supply. There is no RFA provided and the patient is not currently working. She has been taking this medication as early as 07/15/15. There are two treatment reports provided from 07/15/15 and 07/21/15. 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, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." On 07/21/15, the patient rated her pain as an 8/10 for the neck and bilateral shoulders, a 7/10 for the upper back, a 6/10 for the lower back, a 5/10 for the right knee, a 7/10 for the left knee, and a 5/10 for the wrists. In this case, none of the 4 As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Hydrocodone IS NOT medically necessary.

Tramadol HCL tab 100mg ER #30, 30 day supply: 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, Opioids for chronic pain.

Decision rationale: The patient was injured on 05/18/12 and presents with pain in her neck, back, bilateral shoulders, wrist, and knees. The request is for Tramadol HCL tab 100mg ER #30, 30 day supply. There is no RFA provided and the patient is not currently working. She has been taking this medication as early as 07/15/15. There are two treatment reports provided from 07/15/15 and 07/21/15. 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, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." 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. On 07/21/15, the patient rated her pain as an 8/10 for the neck and bilateral shoulders, a 7/10 for the upper back, a 6/10 for the lower back, a 5/10 for the right knee, a 7/10 for the left knee, and a 5/10 for the wrists. In this case, none of the 4 As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.