MAXIMUS Federal Services

Case Number:	CM15-0175780		
Date Assigned:	09/17/2015	Date of Injury:	12/08/2012
Decision Date:	10/23/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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 41 year old female injured worker suffered an industrial injury on 12-8-2012. The diagnoses included cervical, thoracic and lumbar sprain-strain with global myofascial pain disorder and right shoulder girdle sprain-strain with impingement tendinopathy. On 8-6-2015 the treating provider reported worsening neck and back pain, severe spasms across the neck and shoulder with severe cramps. She reported the medications were helpful but the Tramadol is not very long acting and it wears off frequently. She was asking is there was a more long acting form of this. She reported 50% reductions in pain and 50% functional improvement with activities of daily living versus not taking them at all rated 8 out of 10 and at best 4 out of 10 with medications and 10 out of 10 without medication. On exam the neck and back revealed ongoing areas of trigger point tenderness throughout the cervical and thoracic muscles. The right shoulder had limited range of motion with impingement signs and crepitus. The provider prescribed Conzip for longer lasting pain control on the visit 8-6-2015. The documentation provided did not include an aberrant drug risk assessment or details of functional performance. The Utilization Review on 8-20-2015 determined modification for Conzip cap 100mg #30 to #25.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conzip cap 100mg #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, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the low back, mid back, neck, right shoulder blade, and right shoulder. The request is for CONZIP CAP 100MG #30. Per Request For Authorization form dated 08/10/15, patient's diagnosis includes cervical sprain/strain. Patient's medications, per the same RFA, include Voltaren Gel, ThermaCare Patches, and Conzip. Patient's work status was not specified. 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, p 77, 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 Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for 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. In this case, only one psychological progress report was available which did not include patient's prescriptive notes or history. The utilization review letter dated 08/20/15 modified the request to 25 tablets for weaning purpose. It is not clear how long the patient has utilized Conzip. In report dated 08/25/15, the treater states that the patient manages her pain condition via medication such as Tramadol (Conzip) and Diclofenac Gel. However, there are no discussions in regards to this medication's impact on the patient's pain and function. No before and after pain scales were used for analgesia. No ADL's were discussed showing specific functional improvement. There were no UDS test results and no CURES; there were no discussions on adverse effect and other measures of aberrant behavior either. Outcome measures were not discussed and no validated instruments were used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request is not medically necessary.