

Case Number:	CM15-0179338		
Date Assigned:	09/21/2015	Date of Injury:	09/22/2011
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old male patient, who sustained an injury on 09-22-2011. The diagnoses include chronic pain syndrome, lumbar disc hernia without myelopathy, low back pain, sciatica, lumbar facet arthropathy, lumbar and thoracic radiculopathy, spinal enthesopathy, and pelvic pain. Per the follow-up report dated 08-12-2015 he had complaints of lower back pain with residual pain going down into the lower extremities. The pain was described as numbness and tingling. He had pain at 6-7 out of 10 with medications and 9 out of 10 without medications. Per the doctor's note dated 07-15-2015, he had pain 7 out of 10 with medications and 9 out of 10 without medications. The physical examination dated 07-15-2015 and 08-12-2015 revealed lumbar spine tenderness, lumbar paraspinal tenderness, lumbar facet tenderness at L4-S1, and positive lumbar facet loading maneuvers. The medications list includes norco, tramadol, prilosec and topical compound creams. The patient has tried non-steroidal anti-inflammatory drug (failed), Lyrica, Quazepam and Percocet. He has had physical therapy (failed), bilateral lumbar medial branch nerve blocks, and radiofrequency neuroablation of the bilateral lumbar medial branch nerves for this injury. He has had a urine drug screen on 02-18-2015 which was positive for opiates, acetaminophen, and alcohol (inconsistent); a urine drug screen on 03-25-2015 which was positive for opiates and acetaminophen, and negative for Pregabalin (inconsistent); a urine drug screen on 04-22-2015 which was negative for hydrocodone (inconsistent), Pregabalin (inconsistent), dihydrocodeine (inconsistent); and positive for hydromorphone, norhydrocodone, oxycodone (inconsistent), Noroxycodone (inconsistent), Oxymorphone (inconsistent), and Tramadol (inconsistent); a urine drug screen on 06-17-2015 which was positive for Tramadol,

acetaminophen, and opiates; a urine drug screen on 06-20-2015 which was negative for Pregabalin (inconsistent) and positive for opiates (consistent) and alcohol (inconsistent); a urine drug screen on 07-15-2015 which was consistent for opiates and Tramadol; and a urine drug screen on 08-12-2015 which was consistent for opiates and Tramadol, and inconsistent for alcohol. The treating physician requested Norco 10-325mg #90, thirty-day supply and Tramadol 50mg #30, thirty-day supply. On 08-25-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #90, thirty-day supply and modified the request for Tramadol 50mg #30, thirty-day supply to one refill for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325 mg Qty 90, 30 day supply: Upheld

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

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

Decision rationale: Norco tab 10/325 mg Qty 90, 30 day supply. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The response to an antidepressant for chronic pain is not specified in the records provided. The patient has had multiple previous urine drug screens with inconsistent findings. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief,

improved quality of life, and/or improved functional capacity. (Eriksen, 2006)" This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco tab 10/325 mg Qty 90, 30 day supply is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Tramadol tab 50 mg Qty 30, 30 day supply: Overturned

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

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

Decision rationale: Tramadol tab 50 mg Qty 30, 30 day supply. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided the patient had chronic low back pain. The patient has objective findings on the physical examination- lumbar spine tenderness, lumbar paraspinal tenderness, lumbar facet tenderness at L4-S1, and positive lumbar facet loading maneuvers. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol tab 50 mg Qty 30, 30 day supply is medically appropriate and necessary for this patient to use as prn during acute exacerbation.