

Case Number:	CM15-0063211		
Date Assigned:	04/09/2015	Date of Injury:	07/24/2011
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 56 year old female who sustained an industrial injury on 7/24/11. She has reported left knee and hip injury after slipping and falling. The diagnoses have included left hip sprain/strain, left knee sprain/strain, cervical spine strain/sprain, and lumbar degenerative disc disease (DDD). Treatment to date has included anti-inflammatory medications, physical therapy, myofascial release, stimulator, and diagnostics. The Magnetic Resonance Arthrogram of the left hip was performed on 10/14/13. The current medications included Norco, Prilosec and Ultram. Currently, as per the physician progress note dated 3/16/15, the injured worker complains of pain in the shoulders, cervical spine and low back. She states that she was unable to lift her left arm and the pain was so intense that she went to the emergency room. Physical exam of the lumbar spine revealed decreased range of motion, positive straight leg raise right and left, tightness and spasm in the lumbar spine, hypoesthesia along the foot and ankle bilaterally, left knee range of motion was decreased, there was medial joint liner tenderness on the left and positive McMurray's and patellar compression tests on the left. Treatment plan was pending authorization for Magnetic Resonance Imaging (MRI) of the lumbar spine and left knee and pending authorization for electromyography (EMG)/nerve conduction velocity studies (NCV) of the lower extremities. Work status was totally temporary disabled. The physician requested treatments included Ultram 150mg #60 with 1 refill, Norco 10/325mg #120 and Motrin 800mg #90 with 1 refill for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Ultram (tramadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing hearing loss and pain in the neck and lower back, left hip, left knee, and both shoulders. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. There was no description of improved pain intensity or function, indication of how often this medication was needed and taken, documented exploration of potential negative effects, or detailed individualized risk assessment. In the absence of such evidence, the current request for sixty tablets of Ultram (tramadol) 150mg with one refill is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker. Therefore is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the

last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing hearing loss and pain in the neck and lower back, left hip, left knee, and both shoulders. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the workers function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Motrin 800mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Motrin (ibuprofen) is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing hearing loss and pain in the neck and lower back, left hip, left knee, and both shoulders. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no documentation describing how often this medication was needed or taken, how long the benefit lasted, the worker's gastrointestinal and heart risks, or results of recent laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of ibuprofen 800mg with one refill is not medically necessary.