

Case Number:	CM15-0075665		
Date Assigned:	04/27/2015	Date of Injury:	01/08/1992
Decision Date:	05/26/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/21/2015

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 62 year old male, who sustained an industrial/work injury on 1/8/92. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbago, lower extremity neuropathy, post (lumbar) laminectomy syndrome, and spasm of muscle. Treatment to date has included medication, physical therapy, and surgeries (L3-4 revision decompression L5-S1 (6/6/13) and lumbar fusion to L4-S1). Currently, the injured worker complains of lumbar pain. Per the primary physician's progress report (PR-2) on 3/2/15, examination revealed tenderness to palpation in the right lower back, and normal muscle strength. On 3/30/15 there was notation also for weaning of medication and no new change in symptoms. Current plan of care included drug testing and medication. The requested treatments include trial of Percocet 10/325 mg. and renew Tramadol 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Percocet 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for TRIAL OF PERCOCET 10/325MG #120. Per 04/07/15 progress report, the patient is currently taking Norco, Gabapentin and Tramadol. "He notes that Norco is not helping much now and he can't sleep well with Norco." The patient underwent urine drug screenings on 12/08/14, 03/02/15 and 04/07/15 with consistent results. Work status is unknown. Regarding initiating opiates, MTUS guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." "Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS also states, "If partial analgesia is not obtained, opioids should be discontinued." In this case, the treater set goals, stating "the patient's goals for pain management are to relieve the pain." There is discussion regarding the problem with Norco, stating "the patient can't sleep well with Norco." But baseline pain and functional assessment are not performed. There is no discussion as to whether or not partial analgesia was obtained with other opiates to consider additional or another opiate. There is no discussion as to what functional goals to achieve with the new opiate. The request IS NOT medically necessary.

Renew Tramadol 50 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for RENEW TRAMADOL 50MG #90. Per 04/07/15 progress report, the patient is currently taking Norco, Gabapentin and Tramadol. The patient has been utilizing Tramadol since 11/10/14. The patient underwent urine drug screenings on 12/08/14, 03/02/15 and 04/07/15 with consistent results. Work status is unknown. Regarding chronic opiate use, MTUS guidelines page 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 page 78 also requires documentation of the 4A's --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. In this case, the treater has addressed urine drug screenings on 12/08/14, 03/02/15 and 04/07/15 with consistent results. But the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

