MAXIMUS Federal Services

Case Number:	CM15-0098176		
Date Assigned:	05/29/2015	Date of Injury:	05/18/2010
Decision Date:	06/26/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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: Iowa, Illinois, Hawaii Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60-year-old male, who sustained an industrial injury on 5/18/10. The injured worker was diagnosed as having lumbar spine degenerative disc disease with moderate to severe central and bilateral neuroforaminal stenosis, bilateral lower extremity radiculopathy, right saphenous nerve injury, cervical myoligamentous injury, right plantar fasciitis and medication induced gastritis. Treatment to date has included oral medications including Norco, Ultracet, Anaprox and Prilosec; trigger point injections and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 1/16/13 noted L4-5 and L5-S1 broad based disc protrusion with associated facet hypertrophy, with severe bilateral neuroforaminal narrowing and moderate central stenosis at L4-5 and l5-S1. (EMG) Electromyogram studies of bilateral lower extremities performed on 12/28/12 revealed mild acute right L5 radiculopathy and lumbar spine (MRI) magnetic resonance imaging performed on 5/31/11 revealed S1 posterior disc bulge, L4-5 posterior disc protrusion and L3-4 posterior disc protrusion and L1-2 posterior disc protrusion. Currently, the injured worker complains of persistent low back pain with radiation into his right lower extremity in L5-S1 distribution with associated numbness and weakness; he rates the pain 5-6/10. He notes he received benefit from Anaprox and Ultracet. Physical exam noted slight antalgic gait, tenderness to palpation bilaterally with increased muscle rigidity of cervical musculature with decreased range of motion and tenderness to palpation bilaterally with increased muscle rigidity of posterior lumbar musculature along with multiple trigger points and decreased range of motion. The treatment plan included dispensing of Ultracet, Anaprox, Prilosec and Doral.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Ultracet is the brand name version of Tramadol and Tylenol. MTUS refers to Tramadol/Tylenol in the context of opioids usage for osteoarthritis "Short-term use: Recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Also recommended for a trial if there is evidence of contraindications for use of first-line medications. Weak opioids should be considered at initiation of treatment with this class of drugs (such as Tramadol, Tramadol/acetaminophen, hydrocodone and codeine), and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances (oxymorphone, oxycodone, hydromorphone, fentanyl, morphine sulfate)." MTUS states regarding tramadol "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." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The patient has been on tramadol since at least 2/2015 and medical notes do not indicate any improved objective/subjective findings over that duration of time. As such, the request for One prescription of Ultracet 37.5/325mg #60 is not medically necessary.

One prescription of Doral 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

Decision rationale: MTUS states that benzodiazepine (i.e. Doral) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG states "Benzodiazepines are not recommended as first-line medications by ODG. Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy." The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for One prescription of Doral 15mg #30 is not medical necessary.