

Case Number:	CM13-0006356		
Date Assigned:	01/10/2014	Date of Injury:	01/07/2009
Decision Date:	04/09/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/02/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 49-year-old female with a 1/7/09 date of injury. At the time (7/18/13) of the Decision for Norco/Hydrocodone/Apap 10/325 Mg, Qty: 120 And Ultram/Tramadol 50 Mg, Qty: 120, there is documentation of subjective (posterior neck pain and low back pain with numbness and tingling in the right lower extremity) and objective (tenderness to palpation with mild spasm, restricted range of motion in the cervical spine, SI joint tenderness, and limited range of motion in the lumabr spine) findings, current diagnoses (status post anterior cervical discectomy and fusion C5/6, status post L4/S1 laminectomy and fusion, L5-S1 disc heniation with chronic radiculopathy, and degenerative disc disease L2-S1), and treatment to date (medications). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, specifically reagarding Tramadol, there is no documentation that Tramadol is used as a second line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO/HYDROCODONE/APAP 10/325 MG, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 74-80.

Decision rationale: The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Norco. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. ODG identifies that the criteria for use of opioids include documentation of pain and functional improvement and compare to baseline (satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life; and Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument). Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical discectomy and fusion C5/6, status post L4/S1 laminectomy and fusion, L5-S1 disc herniation with chronic radiculopathy, and degenerative disc disease L2-S1. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of short-term treatment with opioids. Therefore, based on guidelines and a review of the evidence, the request for Norco/Hydrocodone/Apap 10/325 Mg, Qty: 120 is not medically necessary.

ULTRAM/TRAMADOL 50 MG, QTY: 120: 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 Page(s): 74-80, 93-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

Decision rationale: The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of status post anterior cervical discectomy and fusion C5/6, status post L4/S1 laminectomy and fusion, L5-S1 disc herniation with chronic radiculopathy, and degenerative disc disease L2-S1. However, there is no documentation that the prescriptions are from a single

practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, given documentation of ongoing treatment with Tramadol, there is no documentation of short-term Final Determination Letter for IMR Case Number CM13-0006356 4 treatment with opioids. Therefore, based on guidelines and a review of the evidence, the request for Ultram/Tramadol 50 Mg, Qty: 120 is not medically necessary.