

Case Number:	CM13-0007540		
Date Assigned:	01/31/2014	Date of Injury:	11/12/2007
Decision Date:	06/02/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	08/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 67-year-old male with a date of injury of 11/12/2007. The listed diagnoses per [REDACTED] are, chronic low back pain, degenerative disk disease, and lumbar radiculopathy. According to report dated 06/21/2013 by [REDACTED], the patient presents with low back pain that radiates to the left lower extremity. Pain is rated as 4/10 to 5/10. The patient is taking Motrin and Norco every 8 hours. Examination of the lumbar spine reveals tenderness in the lumbosacral spine and paraspinal muscle with minimal stiffness. Range of motion is painful, but within normal limits. Straight leg raise is negative. The treating physician states at this point, plan is to decrease the intake of Norco as the patient has chronic pain since 2007. Recommendation is for Ultram ER 100 mg daily and decrease Norco to once or twice daily. Utilization review is dated 07/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain Page(s): 60, 61.

Decision rationale: The MTUS guidelines requires "Pain Assessment" that should include, "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." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, medical records indicate that this patient has been taking Norco since 12/20/2012. Report 03/15/2013 by [REDACTED] states "pain is better with medication, exercise and relaxation." Report dated 06/21/2013 states patient is to decrease Norco and start Ultram. In this case, the treating physician does not provide any discussions on pain reduction or any specific functional improvement from taking Norco. In addition, the treating physician did not provide a "pain assessment" as required by MTUS. The request for Norco 10/325 mg #60 is not medically necessary and appropriate.

PRESCRIPTION OF ULTRAM ER 100MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78.

Decision rationale: According to the MTUS guidelines, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS guidelines goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the treating physician does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. In addition, the patient is already on Norco, a stronger opioid, and the treating physician does not discuss how it is or is not working. The request for Ultram ER 100 mg # 30 is not medically necessary and appropriate.