

Case Number:	CM13-0045771		
Date Assigned:	12/27/2013	Date of Injury:	12/03/2011
Decision Date:	05/23/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/12/2013

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 and is licensed to practice in Texas. 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 injured worker is a 25 year-old female who reported an injury on 12/03/2011 and the mechanism of injury was an industrial injury. The injured worker's diagnosis is low back pain. The clinical note dated 09/06/2013 indicated the injured worker reported she had bilateral low back pain that radiated to the right buttocks, left was worse than right and the pain was also in the bilateral posterolateral thighs and right calf. The injured worker indicated that she had a 20% relief from the transforaminal epidural steroid injection to the L5-S1 on 07/25/2013. The injured worker indicated that the Ultram ER did not help with her pain. On examination, there was restricted range of motion and pain in the lumbar spine; the flexion was worse than the extension. The lumbar discogenic provocative maneuvers were positive and there was decreased sensation in the bilateral L5 dermatome. The injured worker was provided prescriptions of Tramadol 50mg and Norco 10/325mg. The current request is for Tramadol 50mg 1-2 tab by mouth at bedtime #60 with no refills and Norco 10/325mg 1 tab by mouth twice a day as needed #60 with no refills and the rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG 1-2 TAB PO QHS #60 NO REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78, 82, 93, 94, 113.

Decision rationale: The California MTUS states Central analgesics drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It is not clear why the Tramadol is being prescribed based on the documentation provided. The documentation provided failed to adequately address the 4A's as pain relief and improved function as a result of the medication were not provided for review as well as reference to side effects and aberrant behavior. Therefore, continuation would not be supported. As such, the request for Tramadol 50mg 1-2 tab po qhs #60 with no refills is not medically necessary.

NORCO 10/325MG 1 TAB PO BID PRN #60 NO REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 75. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ONGOING MANAGEMENT, 75

Decision rationale: The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The documentation provided failed to adequately address the 4A's as pain relief and improved function as a result of the medication were not provided for review as well as reference to side effects and aberrant behavior. Therefore, continuation would not be supported, the request Norco 10/325mg 1 tab po bid prn #60 with no refills is not medically necessary.