

Case Number:	CM13-0064383		
Date Assigned:	04/30/2014	Date of Injury:	03/27/2001
Decision Date:	08/06/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/11/2013

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:

The patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 27, 2001. Thus far, the patient has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; epidural steroid injection therapy; a TENS unit; and opioid therapy. In a Utilization Review Report dated November 21, 2013, the claims administrator retrospectively denied a request for Norco and tramadol. The patient's attorney subsequently appealed. A November 5, 2013 progress note is notable for comments that the patient reported heightened complaints of low back pain, reportedly attributed to a flare-up of COPD and associated coughing. The patient reported 4-6/10 low back pain. The patient was using gabapentin, Relafen, tizanidine, tramadol, acetaminophen, and Norco. It was stated that the patient was using Norco occasionally. The patient stated that his pain dropped to 4-5/10 with medications and that he was able to tolerate one and a half to two miles of walking. Pain is especially noted about the lumbar spine with a mildly antalgic gait. Acetaminophen, tramadol, Norco, Relafen, and tizanidine were endorsed. It was suggested that the patient should remain off of work indefinitely. In an earlier note of April 9, 2013, it was stated that the patient reported 7/10 pain about the low back without medications and 4-5/10 pain with medications. The patient was in mild distress. The patient was given a primary diagnosis of failed back syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 NORCO 10/325MG, HALF TABLET AS NEEDED FOR DATE OF SERVICE 11/5/13:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone-Acetaminophen Page(s): 91.

Decision rationale: As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, hydrocodone-acetaminophen or Norco is indicated in the treatment of moderate to moderately severe pain, as was present here on the date in question. The applicant was apparently having a flare-up of COPD resulting in heightened coughing and associated flare in chronic low back pain. The applicant and the attending provider both stated that the applicant was using Norco very sparingly. The 30-tablet half tablet Norco to be used as needed does, in fact, represent very sparing, occasional, and sporadic usage of Norco, to be used only in the event of an acute flare of pain, as was apparently present on the date in question, November 5, 2013. Therefore, the request was medically necessary.

90 TRAMADOL 50MG THREE TIMES A DAY AS NEEDED FOR SEVERE PAIN FOR DATE OF SERVICE 11/5/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request in question does represent a renewal request for tramadol. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while it did not appear that the applicant had returned to work, the applicant was reporting appropriate reductions in pain and improvements in function achieved as a result of ongoing tramadol usage. The applicant was able to walk up to one and a half to two miles, it was suggested, and was reporting appropriate drops in pain scores from 7/10 to 4-5/10 with ongoing medication usage, including ongoing tramadol usage. Therefore, the request was medically necessary.