

Case Number:	CM13-0066692		
Date Assigned:	01/03/2014	Date of Injury:	12/14/2006
Decision Date:	08/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation and Pain Medicine, 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 56-year-old female who had a work related injury on December 14, 2006. Mechanism of injury was not documented. Treatment included physical therapy, injections, acupuncture, home transcutaneous electrical nerve stimulation unit, three shoulder surgeries, recent lumbar decompression and fusion in April 2012. She had seen a psychiatrist, diagnosed with major depressive order and pain disorder associated with both physiological factors and orthopedic condition. Physical examination from most recent note dated January 07, 2014 gait was slightly wide based and antalgic. She had some difficulty in standing from a seated position. Lumbar flexion was less than 20 degrees, extension less than 10 degrees, and lateral tilting less than 10 degrees bilaterally. Straight leg raise was positive bilaterally at less than 60 degrees with tight hamstrings. She could not stand on toes and heels in light of weakness. She had decreased sensation along L5-S1 distribution bilaterally more so on the right. Diagnoses, discogenic lumbar condition, status post L3-4 and fusion at L4-5. Element of depression, sleep, anxiety, and gastroesophageal reflux disease. In reviewing clinical documentation submitted for review visual analogue scale (VAS) scores stayed fairly constant in the range of 6-8/10. There was no clinical documentation of functional improvement. There had been no urine drug screen submitted. Current request was for Norco (10/325mg, #120). Avinza (30mg, #60). Tramadol ER (150mg, #30) provided on December 03, 2013; as well as Norco (10/325mg, #120), Avinza (30mg, #60), and Tramadol ER (150mg, #30) for the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (10/325mg, #120): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid.

Decision rationale: The request for Norco is not medically necessary. The clinical documentation submitted for review as well as evidence based guidelines do not support the request. The clinical documentation submitted for review, visual analog scale (VAS) scores stayed fairly constant in the range of 6-8/10. There is no clinical documentation of functional improvement. There had been no urine drug screen submitted for review. Opioids appear to be efficacious but should be limited for short-term pain relief in patients with acute low back pain. Long-term efficacy is unclear (>16 weeks), and there is limited evidence for the use of opioids for chronic low back pain. Therefore, the request is not medically necessary.

Avinza (30mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioids.

Decision rationale: The request for Avinza is not medically necessary. The clinical documentation submitted for review as well as evidence based guidelines do not support the request. The clinical documentation submitted for review, VAS scores stayed constant in the range of 6-8/10. There is no clinical documentation of functional improvement. There had been no urine drug screen submitted for review. Therefore, the request is not medically necessary.

Tramadol ER (150mg, #30-provided on 12/03/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioid.

Decision rationale: The request for Avinza is not medically necessary. The clinical documentation submitted for review as well as evidence based guidelines do not support the request. The clinical documentation submitted for review, VAS scores stayed constant in the

range of 6-8/10. There is no clinical documentation of functional improvement. There had been no urine drug screen submitted for review. Therefore, the request is not medically necessary.

Norco (10/325mg, #120 - for the next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioids.

Decision rationale: The request for Norco (for the next visit) is not medically necessary. The clinical documentation submitted for review as well as evidence based guidelines do not support the request. The clinical documentation submitted for review, visual analog scale scores stayed constant in the range of 6-8/10. There is no clinical documentation of functional improvement. There had been no urine drug screen submitted for review. Therefore, the request is not medically necessary.

Avinza (30mg, #60 - for the next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioids.

Decision rationale: The request for Avinza (for the next visit) is not medically necessary. The clinical documentation submitted for review as well as evidence based guidelines do not support the request. The clinical documentation submitted for review, visual analog scale scores stayed constant in the range of 6-8/10. There is no clinical documentation of functional improvement. There had been no urine drug screen submitted for review. Therefore, the request is not medically necessary.

Tramadol ER (150mg, #30 - for the next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioids.

Decision rationale: The request for tramadol ER (for next visit) is not medically necessary. The clinical documentation submitted for review as well as evidence based guidelines do not support

the request. The clinical documentation submitted for review, visual analog scale scores stayed fairly constant in the range of 6-8/10. There is no clinical documentation of functional improvement. There had been no urine drug screen submitted for review. Therefore, the request is not medically necessary.