

Case Number:	CM13-0068735		
Date Assigned:	01/03/2014	Date of Injury:	07/13/2012
Decision Date:	06/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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 Illinois. 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 67-year-old male who reported an injury on 07/13/2012 from stepping off a bus. His diagnosis includes lumbar spine sprain/strain and he has a history of chronic lumbar pain with chronic degenerative disc disease, facet joint arthropathy, and radiculopathy. The 01/18/2013 clinical note reported the injured worker's previous treatments include physical therapy and medications, including Norco that the injured worker reported to be helpful. The 11/27/2013 clinical note reported intermittent low back pain rated at 8 to 9 with medications. The note stated his range of motion remained significantly limited in all planes. The 11/01/2013 clinical note reported intermittent low back pain rated at 7/10 with medications and 9/10 to 10/10 without medications and indicated the injured worker had at least 8 to 12 sessions of physical therapy since his injury. The note reported he was using tramadol, Gabapentin, and Norco for severe pain. The request was for tramadol and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG TID FOR MILD-MOD PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRAMADOL Page(s): 113.

Decision rationale: The California MTUS states tramadol is not recommended as a first line oral analgesic. The documentation submitted did not provide evidence of failed outcomes from first line therapies by ongoing assessment of subjective complaints and objective measurements for pain relief and functional deficits on a numeric scale. As such, the request for Tramadol 50 mg is not medically necessary or appropriate.

NORCO 10/325 BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: The California MTUS states ongoing monitoring of chronic pain patients on opioids must include documentation of pain relief, lack of side effects and misuse, and functional improvements. The documentation submitted did not provide evidence of ongoing assessment by subjective complaints and objective measurements on a numeric scale to determine pain relief and functional improvement. As such, efficacy cannot be determined. Given the above, the request for Norco 10/325 mg is not medically necessary or appropriate.