

Case Number:	CM14-0007862		
Date Assigned:	02/10/2014	Date of Injury:	12/14/2006
Decision Date:	06/24/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports 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 injured on 12/14/06 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documents provided. The injured worker has been followed for ongoing chronic low back pain following lumbar fusion procedures at L3-4 and L4-5 performed in April of 2012. The injured worker complained of existing medical conditions include depression and hypertension. The medications have included the use of Avinza, Tramadol, Gabapentin, and Flexeril. The clinical note dated 09/30/13 indicated the injured worker presented with persistent complaints of low back pain rated at 7-9/10 in severity. At this visit, pain scores were not reported. The injured worker was pending possible injections which had been recommended by a [REDACTED]. The injured worker was utilizing a lumbar brace; however, this had worn out and the injured worker was requesting a new brace. Physical examination revealed loss of lumbar range of motion on flexion and extension. The injured worker ambulated with a stooped gait that was slightly antalgic. Avinza 30mg every 12 hours, Norco 10/325mg increased to every 6-8 hours as needed for breakthrough pain, Prilosec 20mg, Gabapentin 600mg, Flexeril 7.5mg, Remeron 15mg, Trazadone 50mg, and Tramadol ER 150mg. The injured worker was recommended to be referred to [REDACTED] for injections. The injured worker had been recommended and was approved for individual psychotherapy. The clinical note dated 10/30/13 indicated the injured worker was substantially limited functionally with minimal ability to tolerate standing, walking, or sitting. The injured worker continued to describe sleep issues and depression symptoms. Pain scores were not provided at this evaluation. The injured worker's physical examination again noted tenderness to palpation in the lumbar spine with limited range of motion. The clinical note dated 12/03/13 indicated the injured worker's pain scores ranged from 8-10/10 in severity. The injured worker described being able to perform some activities of

daily living. Physical examination was limited with tenderness to palpation reported in the lumbar spine. The injured worker was seen by [REDACTED] on 01/03/14 for continuing severe complaints of pain in the low back 10/10 on the visual analog scale (VAS). On physical examination, the injured worker demonstrated continued limited range of motion in the lumbar spine with tenderness to palpation. No evidence of sacroiliac joint dysfunction was noted. No neurological deficits were indicated. The injured worker was recommended for psychological clearance regarding a possible spinal cord stimulator trial to address failed back surgery symptoms. The clinical note dated 03/07/14 indicated the injured worker had been approved for further individual psychotherapy. The injured worker was still pending a spinal cord stimulator trial. The injured worker continued to have difficulties with any standing, sitting, or walking of any length of time. Pain scores were still 8-10/10 on the VAS. The provider indicated that with medications these pain scores did reduce to 4-5/10. The initial request for Norco 10/325mg QTY 120, Avinza 30mg twice a day, Qty: 60, and Tramadol ER 200mg, Qty: 30, was initially partially certified on 01/20/14 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, QUANTITY:120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Hydrocodone Page(s): 41-42., Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. In this case, there is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325 Mg Quantity 120 cannot be established at this time. As such, the request is not certified.

AVINZA 30MG TWICE A DAY, QUANTITY 60:00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. In this case, there is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Avinza 30 mg twice a day quantity 60 cannot be established at this time. As such, the request is not certified.

TRAMADOL ER 200MG, QUANTITY 30:00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. In this case, there is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Tramadol ER 200 mg quantity 30 cannot be established at this time. As such, the request is not certified.