

<b>Case Number:</b>	CM14-0104191		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 15, 2006. The applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated June 12, 2014, the claims administrator retrospectively denied requests for tramadol and Norco. The applicant's attorney subsequently appealed. In a progress note dated March 20, 2014, the applicant was described as using 100 Norco a month. The attending provider suggested that he would replace some of the Norco with Ultram extended release. The applicant was permanent and stationary, it was acknowledged. There was no explicit discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review for dates of service 3/20/14 for purchase of Tramadol 150 mg #30 x 2:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: web edition and CA MTUS 2010 revision, web edition

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

**Decision rationale:** While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Ultram (tramadol) is not recommended as a first-line oral analgesic, in this case, however, the request in question did represent a first-time request for tramadol. The attending provider had suggested that earlier usage of Norco had proven unsuccessful and that he was going to employ tramadol in lieu of and/or to ultimately replace Norco. This was indicated, given the reportedly failure of Norco. Therefore, the request was medically necessary.

**Retrospective review for dates of service 3/20/14 for purchase of Hydrocodone/ APAP 325mg #90 x2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: web edition and CA MTUS 2010 revision, web edition

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

**Decision rationale:** Unlike the request for tramadol, this was a first-time request. As the attending provider himself acknowledged, prior usage of Norco had proven unsuccessful. The attending provider suggested that the applicant was not working with permanent limitations in place and further stated that he intended to taper the applicant off of Norco, implying that it had not been altogether successful. The attending provider did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing hydrocodone-acetaminophen (Norco) usage. Therefore, the request was not medically necessary.