

Case Number:	CM14-0105472		
Date Assigned:	09/16/2014	Date of Injury:	10/16/2002
Decision Date:	11/12/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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 American Board of Family Practice/Family Practice 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:

55-years old female claimant sustained a work injury on 10/16/02 involving the low back. She was diagnosed with spondylolisthesis of L3-L4, spinal stenosis of L3-L4 and bilateral radiculopathy. She underwent spinal fusion as well as placement of Ulrich rods with ultimate hardware removal on 3/20/14. A progress note on 6/4/14 indicated the claimant had continued 7/10 back pain with pain in the feet due to plantar fasciitis. She had been on Norco and Tramadol for pain. Exam findings were notable for positive facet loading in the lumbar spine, limited range of motion and decreased sensation in the L5 dermatome. The claimant remained on Norco 10/325 mg 6 times daily along with Tramadol ER 150 mg BID. The physician requested follow-up with podiatry for foot pain. A progress note on 5/7/14 indicated the claimant 7/10 pain. Exam findings were unchanged. Weight was unknown. She remained Norco 7 times daily and Tramadol ER 150 mg BID. The physician again had the claimant follow up with podiatry for foot pain as well as a consultation for weight gain due to the patient's concern with weight gain since the injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #210: 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): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. The continued use of Norco is not medically necessary.

Tramadol ER 150mg #60: 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): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain was unchanged while on the medication. In addition, she had been on another opioid at the same time- Norco. The continued use of Tramadol ER as above is not medically necessary.

Consult for injury induced weight gain.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) National Obesity guidelines Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: According to the guidelines: dietary, behavioral and physical modifications in lifestyle are necessary to maintain or lose weight. In this case, there is no documentation on the claimant's weight, attempt to lose weight or modification factors. The request for the consultation is not justified or supported in the clinical information and is not medically necessary.

Consult for foot pain: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialist referral and pg 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the diagnosis of plantar fasciitis was known. Prior referral to a podiatrist was made but outcomes and interventions were not outlined. The additional need for follow up is not supported in the examination or prior consultation. The request therefore is not medically necessary.