

Case Number:	CM14-0010266		
Date Assigned:	02/28/2014	Date of Injury:	06/11/2012
Decision Date:	07/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 56-year-old male who has submitted a claim for lumbosacral radiculitis, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar intervertebral disc, lumbosacral spondylosis without myelopathy, chronic pain syndrome, and sacroilitis not elsewhere classified, associated with an industrial injury date of June 11, 2012. Medical records from July 2013 through Decemeber 2013 were reviewed, which showed that the patient complained of low back pain radiating to the left leg and groin. Physical examination revealed an antalgic gait. Lumbar flexion was limited to 30 degrees. Return to neutral elicited pain over the left lumbosacral region. Lumbar rotation was limited to 20 degrees bilaterally. Dysesthesia along the lateral left leg from hips to heels was noted. Treatment to date has included heat, ice, stretching exercises, nerve radiofrequency rhizotomy, and medications, which include Norco 10/325mg, Prilosec 20mg, Flexeril 10mg, Celebrex, and Tramadol 50mg. Utilization review from January 6, 2014 modified the request for Norco 10/325mg #120 with 2 refills to Norco 10/325mg #96 for weaning purposes because the qualitative reporting of ability to accomplish activities of daily living is insufficient to justify long term use of narcotics and quantitative evidence of pain control and functional maintenance/improvement has not been demonstrated. The request for Tramadol 50mg #240 was modified to Tramadol 50mg #120 for the same rationale but since only one opioid is indicated to be weaned at a time, the certification was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325MG #120 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on opioid treatment since 2013 although the date of initial intake is not known. Recent progress reports indicated that the patient's current opioid medications include Norco 10/325mg TID and Tramadol 50mg TID. There was mention of medications keeping pain within a manageable level to allow necessary activities of daily however specific measures of analgesia, objective improvement, and functional improvements were not documented in recent progress reports. Records for review did not include toxicology screening, and monitoring of adverse effects or aberrant behaviors from opioid use which are required by guidelines. Additional information is needed as guidelines require clear and concise documentation for ongoing management. Furthermore, the previous UR already approved 96 units of Norco to facilitate weaning. Therefore, the request for ONE PRESCRIPTION OF NORCO 10/325MG #120 WITH 2 REFILLS is not medically necessary.

ONE PRESCRIPTION OF TRAMADOL 50MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Tramadol (Ultram) Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, recent progress reports indicated that the patient's current opioid medications include Norco 10/325mg TID and Tramadol 50mg TID. The patient was prescribed Tramadol on 10/25/13 however the rationale for addition of another opioid when there was noted pain alleviation with previous medications was not mentioned. Benefit from tramadol was noted but no objective findings were documented. Request should document pain level, functional status and objective benefits of medications. Although opiates may be appropriate, additional information would be necessary, as the guidelines require clear and concise documentation for

ongoing management. Therefore, the request for ONE PRESCRIPTION OF TRAMADOL 50MG #240 is not medically necessary.