

Case Number:	CM14-0011998		
Date Assigned:	02/21/2014	Date of Injury:	07/14/2009
Decision Date:	07/11/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/30/2014

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:

This is a 50-year-old male with a 07/14/09 date of injury. When he was picking up an object he had an onset of low back and left lower extremity pain. When seen on 01/15/14, the patient noted continued pain and discomfort with cramping to the low back to left hip, buttock, left leg, and left calf. Objective findings revealed a positive straight leg raise at 70 degrees on left, weakness of left foot plantar flexion against resistance, and decreased sensation of the lateral foot. In a progress note dated 07/3/13, the patient was instructed to initiate tramadol and wean himself from the last of his Norco. A progress note dated 10/23/13, stated that the patient was taking ibuprofen and continued to take Norco for breakthrough pain, given that tramadol had a "less than optimal benefit". The recommendation at the time was again to decrease the Norco. A progress note dated 1/15/14, recommended decreasing Norco 10 mg from three (3) times daily to two (2) times daily and supplement with Ultram 50mg with hope to convert patient over to Ultram in order to wean off Norco completely. Diagnostic Impression included: Sciatica, Degenerative disk disease lumbosacral, and Radiculopathy of spine/lumbar/leg. The treatment to date includes: medication management, and activity modification. A utilization review (UR) decision dated 01/27/14 certified Ultram 50 mg, with a modification to quantity of 100. Two hundred (200) tablets are considered an excessive quantity without assessing the patient for tolerance, efficacy, and compliance. A UR decision dated 01/27/14, denied the request for Norco. The provider is attempting to wean the patient off of this narcotic. The last of this wean should be performed at the discretion of the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG #200, WITH ONE (1) REFILL, AS PRESCRIBED ON 01/15/2014:
Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has the action of opiate receptors, thus the criterion for opiate use according to the guidelines must be followed. In a 10/23/13 progress note, the patient states that he experiences less than optimal benefit from the Ultram. Additionally, there is no documentation of efficacy with prior usage of this medication, such as a measurable decrease in the claimant's pain or an increase in the claimant's ability to function. Therefore, the request is not medically necessary.

NORCO 10MG #60, WITH ONE (1) REFILL, AS PRESCRIBED ON 01/15/2014: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. In a progress note from 07/3/13, there is documentation that the patient was instructed to wean himself from the last of his Norco, he was also instructed to wean off the Norco on 10/23/13 and 01/15/14; however, the quantity for Norco was noted to be the same over this time period. In addition, tramadol was added to the patient's analgesic medications with the hope of tapering off Norco. Although the patient has been unable to wean from Norco, there has been no documentation of efficacy, such as a measurable decrease in the claimant's pain or an increase in the claimant's ability to function. In addition, there is no documentation of monitoring in the form of urine drug tests or Controlled Substance Utilization Review and Evaluation System (CURES) reports, a risk assessment profile, or a pain contract. Therefore, the request is not medically necessary.