

Case Number:	CM14-0013145		
Date Assigned:	02/24/2014	Date of Injury:	07/14/1998
Decision Date:	06/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/03/2014

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 July 14, 1998. Thus far, the applicant has been treated with analgesic medications, attorney representation; unspecified amounts of physical and aquatic therapy over the life of the claim, long and short-acting opioids, epidural steroid injection therapy, wrist corticosteroid injection, a walker, aquatic therapy and extensive periods of time off of work, per the claims administrator. In a Utilization Review Report dated January 9, 2014, the claims administrator reportedly denied request for Norco and extended release Tramadol. The claims administrator, it is incidentally noted, cited page 80 of the California MTUS Chronic Pain Medical Treatment Guidelines but did not incorporate these guidelines into its rationale. The applicant's attorney subsequently appealed. A June 28, 2013 progress note is notable for comments that the applicant reported persistent complaints of low back pain. The applicant reportedly took a medical retirement in 2005. The applicant reportedly declined earlier spine surgery and is treating conservatively, with medications, it was stated. The attending provider suggested that the applicant continue Norco, extended release Tramadol, Flexeril, Naprosyn, and Prilosec. The attending provider did not discuss the applicant's response to the same, however. The attending provider suggested that the applicant's symptoms were connected to her industrial injury. A January 24, 2014 progress note was notable for comments that the applicant reported persistent low back pain radiating to the right leg. The applicant was apparently in the process of consulting a pain specialist. The applicant was also considering a radiofrequency ablation procedure, it was stated. The applicant was given refills of Norco, Tramadol, Flexeril, and Prilosec. The applicant did not appear to be working. An epidural steroid injection was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG DAILY AS NEEDED QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80.

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

Decision rationale: The request in question represented a renewal request. As noted on page 80 of the California MTUS Chronic Pain Medical Treatment Guidelines, however, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, there has been no documentation of improvement in terms of the above-captioned parameters. The applicant's pain complaints appear to be heightened. The applicant appears to have visited the emergent department despite ongoing usage of Norco. There has been no evidence of successful return to work or improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

ULTRAM ER 150 MG DAILY AS NEEDED QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80.

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

Decision rationale: Ultram extended release is a long-acting opioid. As noted on page 80 of the California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. The applicant is off of work. The applicant's pain complaints are heightened as opposed to reduced. There is no evidence of any improvement in function achieved as a result of ongoing usage of Ultram. Therefore, the request is not medically necessary.