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| Case Number: | CM14-0014219 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 03/10/2008 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 01/24/2014 |
| Priority: | Standard | Application Received: | 02/04/2014 |

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 54-year-old male with a date of injury. He is post L4/5 interbody fusion with an L4/5 facetectomy, L4-S1 laminectomy, L4-S1 posterior segmental screw fixation, and L4-S1 arthrodesis on 10/16/13 with postoperative physical therapy (x 4 sessions). He was seen on 1/14/14 for follow up and reported using Norco twice daily, with a VAS of 4/10 with his medications vs. 6/10 without them. He was prescribed Tramadol 50 mg TID PRN pain, and Norco 10/325 mg PRN severe pain. Treatment to date: Lumbar surgery, postoperative physical therapy times four, medication management, bone growth stimulator A UR decision dated 1/24/14 denied the request for Norco given a urine drug screen was not documented, and no functional improvements were noted with regard to the patient's Norco use. The patient's physician was contacted and agreed to certification of Tramadol to facilitate further rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that Tramadol (Ultram) is not recommended as a first-line oral analgesic, and has the action of opiate receptors. CA MTUS Chronic Pain Medical Treatment 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. The UR decision states that Tramadol was already certified for continued pain control given this patient had lumbar spine surgery with instrumentation in October of 2013 for continued analgesia. Therefore, the request for Tramadol as submitted was not medically necessary.

Norco 10/325mg, #30: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment 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. This patient is status post surgery of the L spine with instrumentation in October 2010. A UR decision was made to discontinue the patient's Norco as Tramadol was started and the patient's physician agreed to this plan. Therefore, the request for Norco as submitted was not medically necessary.