

Case Number:	CM14-0144094		
Date Assigned:	09/12/2014	Date of Injury:	06/13/2013
Decision Date:	11/05/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/05/2014

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 Emergency 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:

Patient with reported date of injury on 6/13/2013. Mechanism of injury is described as a trip and fall at work. Patient has a diagnosis of lumbar spondylosis with myelopathy, spondylolisthesis and spondylosis. Patient has reported lumbar discectomy and fusion at L5-S1 on 3/4/14. Medical reports reviewed. Last report available until 8/2/14 which is a letter of appeal to UR denial. Patient complains of low back pains. Objective exam noted focal tenderness to L4 through S1 and superior iliac crest. Mild swelling to R lower extremity. Letter notes that pain medications was provided to patient for "potential" breakthrough pain and flare up pain while recovering from surgery. Review of records show that patient is chronically on Norco and Tramadol/acetaminophen with note from 4/28/14 showing prescriptions and regular use. MRI of lumbar spine(1/15/14) reveals 4mm degenerative disc bulge at L5-S1 that impinges on S1 nerve root bilaterally. Degenerative disc changes. Medications include Gabapentin, Tramadol-acetaminophen and Norco. Patient reportedly completed physical therapy and epidural steroid injections with minimal relief. Independent Medical Review is for Norco 10/325 #120 and Tramadol/Acetaminophen 37.5/325mg #90, Prior UR on 7/29/14 and 8/13/2014 recommended non-certification. It approved duplex ultrasound of lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no proper documentation of improvement in pain, objective improvement in activity of daily living or monitoring or side effects. There is documentation of a Urine drug screens but no appropriate screening questions or documentation of a pain contract. The number of tablets prescribed does not support the claim by the provider that it is for "breakthrough pain". Patient is on Norco chronically without proper documentation as required by MTUS guidelines. Norco prescription is not medically necessary.

Tramadol/Acetaminophen 37.5/325mg #90: 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): 76-78.

Decision rationale: Ultracet is acetaminophen and Tramadol, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no proper documentation of improvement in pain, objective improvement in activity of daily living or monitoring or side effects. There is documentation of a Urine drug screens but no appropriate screening questions or documentation of a pain contract. The number of tablets prescribed does not support the claim by the provider that it is for "breakthrough pain". Patient is on Tramadol/acetaminophen chronically without proper documentation as required by MTUS guidelines. Tramadol/Acetaminophen prescription is not medically necessary.