

<b>Case Number:</b>	CM14-0151506		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 40-year-old male with a 4/1/10 date of injury. He developed a cumulative trauma injury to his lumbar spine as a result of his work duties. According to a progress report dated 8/8/14, the patient complained of low back pain that radiated down the left leg rated as a 4/10. The pain is improved by lying down and medications and aggravated by activity. The patient is currently taking Norco, Tramadol has been discontinued. Objective findings: limited lumbar spine range of motion, tenderness to palpation over the thoracic paraspinals. Diagnostic impression: unspecified myalgia and myositis, thoracic spondylosis without myelopathy, lumbosacral spondylosis without myelopathy. Treatment to date: Medication Management, Activity Modification, Chiropractic Care, Physical Therapy, Epidurals, Trigger Point Injections. A UR decision dated 9/2/14 denied the requests for Tramadol and Norco. There is no documentation that confirms the long-term use of these controlled substances has provided clinically significant and sustainable therapeutic benefit; hence per clinical guidelines, the continued prescribing of these medications is not supported as medically necessary. The records indicate that tramadol has already been discontinued in favor of the Hydrocodone product.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

**Decision rationale:** 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. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. There is no documentation of a urine drug screen. In addition, according to the 8/8/14 report, the use of tramadol has been discontinued in this patient. He is currently taking the short-acting opioid medication Norco instead. It is unclear why this request for tramadol is being made at this time. Therefore, the request for Tramadol 50mg #180 was not medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

**Decision rationale:** 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. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior, adverse side effects, or urine drug screens. Therefore, the request for Norco 10/325mg #90 was not medically necessary.