

<b>Case Number:</b>	CM14-0157834		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	07/28/2009
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 patient is a 79-year-old who developed chronic low back pain subsequent to a lifting incident on July 28, 2009. He is diagnosed with lumbar spondylosis. No myelopathic process is documented. He has been treated with physical therapy and injections without much success. He is described as not getting any pain relief from the mediations utilized (Tramadol 50mg. 6/day, Norco 2-3/day, Amytriptyline 50ghs). It is also documented that his functioning is decreasing. The treating physicians notes also document inconsistent follow up and cancelled appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg, 180 count with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When to Discontinue, page(s) 79. Page(s): page(s) 79..

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines supports the judicious use of opioid medications when there is pain relief and functional benefits. It is clearly documented that this patient does not meet these Guideline standards. He is not getting even partial from the

current opioid regimen. The request for Tramadol 50 mg, 180 count with three refills, is not medically necessary or appropriate.

**Norco 5/325 mg, sixty count with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When to Discontinue, page(s) 79. Page(s): page(s) 79..

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines supports the judicious use of opioid medications when there is pain relief and functional benefits. It is clearly documented that this patient does not meet these Guideline standards. He is not getting even partial relief from the current opioid regimen. The Norco 5/325 mg, sixty count with three refills, is not medically necessary or appropriate.