

<b>Case Number:</b>	CM14-0021694		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/13/2004
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 injured worker is a male with a date of injury 12/13/2004. Per primary treating physician's progress report, periodic report with request for authorization dated 1/13/2014, the injured worker has had ongoing pain in his lower back with pain radiating down the left lower extremity. He describes the numbness and tingling along top of his thigh and top of his leg, but not at the foot. He does have pain in the buttock on the left side. On examination he does have a notable abnormal straight leg raise. He has a mild weakness of the left tibialis anterior as compared to the right side. Diagnoses include 1) status post spinal fusion L4 through S1. 2) failed back syndrome with possible painful hardware. 3) possible sacroiliitis bilaterally left worse than right. 4) status post hardware removal L4 through S1. 5) questionable L3-L4 left sided disc protrusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section, page(s) Page(s): 74-95, 124.

**Decision rationale:** The claims administrator had requested additional information from the requesting provider, specifically the amount of time the injured worker has been taking Norco, and any current subjective and objective findings that suggest continued pain relief or functional improvement with the use of Norco. The information was not provided, so the request was administratively non-certified. More recent clinical notes were reviewed without a description of pain relief from the use of Norco or functional improvement from the use of Norco. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The request for Norco 10/325 mg #60 is determined to not be medically necessary.

**Tramadol /APAP 37.5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain section and Opioids, specific drug list section Page(s): 82, 83, 93, 94.

**Decision rationale:** The claims administrator had requested additional information from the requesting provider, specifically the amount of time the injured worker has been taking Tramadol, and any current subjective and objective findings that suggest continued pain relief or functional improvement with the use of Tramadol. The information was not provided, so the request was administratively non-certified. More recent clinical notes were reviewed without a description of pain relief from the use of Tramadol or functional improvement from the use of Tramadol. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The use of Tramadol is not supported by the clinical documents provided for review. The request for Tramadol/APAP 37.5/325 mg #60 is determined to not be medically necessary.

**1 Urine drug screen (6-panel):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

**Decision rationale:** The claims administrator had requested additional information from the requesting provider, specifically the amount of time the injured worker has been taking requested medications, and any current subjective and objective findings that suggest continued pain relief or functional improvement with the use of requested medications. The information was not

provided, so the request was administratively non-certified. The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The clinical documents provided for review do not provide an assessment regarding concerns for aberrant drug behavior. The request for 1 urine drug screen (6 panel) is determined to not be medically necessary.