

Case Number:	CM14-0022683		
Date Assigned:	06/11/2014	Date of Injury:	05/10/2011
Decision Date:	08/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation 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 25-year-old male who reported injury on 05/10/2011 secondary to a fall. The injured worker complained of constant mild pain to the lower back that radiated to both legs associated with tingling, numbness and weakness. The pain was aggravated with bending, stooping, prolonged sitting, standing, and walking and rated his pain a 6, a 4 at its best, an 8 at its worst and a 7 day average of 4 on a 0-10 scale. He stated his symptoms improved 50% since the injury. Examination of the lumbar spine revealed limited range of motion with a forward flexion of 15 degrees, extension of 20 degrees and side bending of 30 degrees to the right and left and limited rotation, normal motor strength to the lower extremities except for right great toe extension of 4+/5, diminished sensation in the right L5 and S1 dermatomes of the lower extremity and symmetrical reflexes bilaterally to the lower extremities except for 1/4 in the right ankle. Psychiatric review of symptoms was positive for feelings of depression, stress and anxiety with no difficulty falling or remaining asleep excessive fatigue or memory loss. The note dated 11/27/2013 stated the Tramadol was of no benefit and would be discontinued, also the injured worker asked for OxyContin after taking some he had gotten from a friend. He had diagnoses of chronic low back pain, bilateral buttock hip pain, suspected discogenic low back pain, posterior L5-S1 disc protrusion, left paracentral L4-L5 disc protrusion, degeneration of lumbar and lumbosacral intervertebral disc, lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, myalgia, myositis unspecified and chronic pain syndrome. He had past treatments of epidural steroid injections, physical therapy, oral medications; heat, ice, gentle stretching and home exercises. His medications were Norco 10/325 mg, Robaxin 750 mg; Prilosec, Soma 350 mg and Tramadol 50 mg. The request for 1 prescription of Norco 10/325 mg #180 and for the perspective request for 1 prescription of Tramadol 50 mg #120. The request for authorization form was signed and dated 11/27/2013. There is no rationale for the prospective request for 1

prescription of Norco 10/325 #180 and the prospective request for 1 prescription of Tramadol 50 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids long-term assessment, long term users (6 months or more) Page(s): 88.

Decision rationale: The prospective request for 1 prescription for Norco 10/325 mg #180 is not medically necessary. The injured worker complained of constant mild pain to the lower back that radiated to both legs associated with tingling, numbness and weakness. The pain was aggravated with bending, stooping, prolonged sitting, standing, and walking and rated his pain a 6, a 4 at its best, an 8 at its worst and a 7 day average of 4 on a 0-10 scale. He stated his symptoms improved 50% since the injury. He had past treatments of epidural steroid injection and physical therapy, oral medications, heat, ice, gentle stretching and home exercises. California MTUS Chronic Pain Medical Treatment Guidelines criteria for long term use of opioids suggest a re-assessment be done questioning a change in diagnosis, other medications taken, the effectiveness and side effects, attempted treatments since use of opioids, the effectiveness and duration, the need for psychological consult (for example issues with motivation, attitude about pain or work, return to work, and social life), the indication for a screening instrument for abuse/addiction, documentation of pain and functional improvement compared to baseline. A satisfactory response may be indicated by decreased pain, increased level of function, or improved quality of life. The injured worker did state symptoms of improvement of 50% however, with careful review of documentation there is no demonstration of increased functional improvement and pain control while on the medication, compared to his baseline and according to one note the injured worker avoided going to work and physical exercise. In addition the request had no directions for use. Therefore, the request for Norco 10/325 #180 is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TRAMADOL 50MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines opioids long-term assessment, long term users (6 months or more) Page(s): 88.

Decision rationale: The prospective request for 1 prescription of Tramadol 50 mg #120 is not medically necessary. The injured worker complained of constant mild pain to the lower back that radiated to both legs associated with tingling, numbness and weakness. The pain was aggravated

with bending, stooping, prolonged sitting, standing, and walking and rated his pain a 6, a 4 at its best, an 8 at its worst and a 7 day average of 4 on a 0-10 scale. He stated his symptoms improved 50% since the injury. He had past treatments of epidural steroid injection, physical therapy, oral medications, heat, ice, gentle stretching and home exercises. CA MTUS Chronic Pain Medical Treatment Guidelines criteria for long term use of opioids suggest a re-assessment be done questioning a change in diagnosis, other medications taken, the effectiveness and side effects, attempted treatments since use of opioids, the effectiveness and duration, the need for psychological consult (for example issues with motivation, attitude about pain or work, return to work, and social life), the indication for a screening instrument for abuse/addiction, documentation of pain and functional improvement compared to baseline. A satisfactory response may be indicated by decreased pain, increased level of function, or improved quality of life. The injured worker did state that he had 50% improvement of symptoms, however, the note dated 11/27/2013 stated that the Tramadol was of no benefit for his pain and would be discontinued. There was no documentation showing an improved quality of life, increase level of function or decreased pain while on the medication. One note stated the injured worker avoided going to work and exercise. In addition, the request had no directions for use. Therefore, the prospective request for 1 prescription of Tramadol 50 mg #120 is not medically necessary.