

Case Number:	CM14-0035239		
Date Assigned:	06/23/2014	Date of Injury:	10/30/2012
Decision Date:	07/29/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 & 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 51-year-old male who reported an injury on 10/30/2012. The mechanism of injury was not provided. On 06/12/2014, the injured worker presented with ongoing mid and low back pain with numbness and pins and needles sensation to the lower extremities. He also has complaints of left hand pain. Current medications include tramadol and Norco along with transdermal creams. He was attending physical therapy and stated that it was helping. Upon inspection of the lumbar spine, there was tenderness in the paraspinal musculature at the lumbar spinal region bilaterally, midline tenderness noted and spasm in the midthoracic musculature on the left side. There was decreased pinprick sensation to the left foot dorsum and post lateral calf bilaterally and decreased sensation to the L5 and S1 dermatome levels. The diagnoses were L4-5 and L5-S1 disc herniation with bilateral lumbar radiculopathy, left carpal tunnel syndrome, and left foot pain. The provider recommended Norco, Naproxen, and Tramadol ER, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Specific Drug List) Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use) Page(s): 78.

Decision rationale: The request for Norco 10/325 mg with a quantity of 60 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has been prescribed Norco since at least 01/2014, the efficacy of the medication was not provided. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse, behavior, and side effects. Additionally, the provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

NAPROXEN 550 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Specific Drug List & Adverse Effects) Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for naproxen 550mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In injured workers with acute exacerbations or chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The injured worker has been prescribed naproxen since at least 01/2014, the efficacy of the medication was not provided. Additionally, the provider's request did not indicate a frequency of the medication. As such, the request is not medically necessary.

TRAMADOL ER 150 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Specific Drug List), Tramadol (Ultram ER) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for use) Page(s): 70.

Decision rationale: The request for Tramadol ER 150 mg with a quantity of 60 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker has been prescribed tramadol ER since at least 01/2014, the efficacy of the

medication was not provided. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse, behavior, and side effects. Additionally, the provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.