

Case Number:	CM14-0037765		
Date Assigned:	06/25/2014	Date of Injury:	07/19/2002
Decision Date:	07/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	03/31/2014

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 Neurological Surgery 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 70-year-old male injured on 7/19/2002. The mechanism of injury was noted as a work related injury working as a mechanic. The most recent progress note, dated 3/19/2014, indicated that there were ongoing complaints of low back pain, bilateral foot numbness, and left shoulder pain. The physical examination demonstrated cervical spine: Mild cervical/thoracic paraspinal muscles, tenderness to palpation of the left shoulder, spasm at the left trapezius, supraspinatus, and infraspinatus. Lumbosacral spine: Modern tenderness at the lumbosacral paraspinal muscles. Straight leg raise positive bilaterally at 53. Cranial nerves II-XII normal. Muscle strength upper extremities 5/5 and lower extremities 4+/5 with pain. Decreased sensation on the left side L4, L5 and S1 dermatomes. Diagnostic imaging studies were mentioned in the above note to include MRI of the lumbar spine 2011 and CT lumbar myelogram 2011. No official report was available for review. Previous treatment included physical therapy, spinal surgery x 2, intra-articular joint injection of the shoulder, left shoulder surgery and medications to include Ultracet, Vicodin, trazodone, Lidoderm patch and Cidaflex. A request had been made for Ultracet 37.5/325 mg #90, Norco 5/325 mg #60, and was not certified in the pre-authorization process on 3/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain and Tramadol (Ultram) Page(s): 82, 113.

Decision rationale: Tramadol/APAP is a centrally acting synthetic opioid analgesic. It is not recommended as a first-line therapy. Opioid analgesics and tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. After reviewing the medical records, there was no documentation of failure of an approved first-line drug therapy regimen. Therefore, the request for continuation of this medication is deemed not medically necessary.

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: Chronic Pain Medical Treatment Guidelines support the use of (Norco) and other short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic low back pain. After review of the medical documentation provided, it was noted on 3/19/2014, the claimant does need medications that are allowing the injured worker to do shopping, play with grandchildren, do yard work, activities of daily living and decrease the pain from severe to slight. However, there was no clinical documentation as to which medication was responsible for the improvement in the pain and increase in function with the current regimen. As stated above, this medication was for the short-term management of moderate to severe pain. Without further documentation clarifying the need for chronic/long-term use of this medication at the lowest dose possible, this request is deemed not medically necessary.