

<b>Case Number:</b>	CM14-0070842		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/17/2001
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old male with a 2/17/01 date of injury, and status post right L5-S1 discectomy 4/24/00, status post L5-S1 posterior lumbar interbody fusion in 2002, status post removal of hardware for the lower back (undated), status post revision decompression and posterior spinal fusion at L4-5 in 2005, and status post hardware removal and exploration of fusion in 2007. At the time (4/23/14) of request for authorization for Norco 10/325mg #150 and Ultram 50mg #240, there is documentation of subjective (ongoing low back and right lower extremity pain) and objective (antalgic gait, straightening of spine with loss of normal cervical lordosis, range of motion restricted with most significant pain with forward flexion of neck, restricted lumbar range of motion, and tenderness noted on both side of paravertebral muscles) findings, current diagnoses (moderate foraminal stenosis L2-3 and L3-4, chronic pain syndrome, right lower extremity radiculopathy, significant degenerative disc disease with moderate disc collapse C5-6 and severe disc collapse C6-7, right upper extremity C5 and C6 radiculopathy, and lumbar spinal cord stimulator trail failure), and treatment to date (medications (including ongoing treatment with Norco and Ultram with decreased pain and improved function in activities of daily living)). Medical report indicates there is a signed opioid agreement on file. Regarding Ultram, there is no documentation that Ultram is used as a second line treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of moderate foraminal stenosis L2-3 and L3-4, chronic pain syndrome, right lower extremity radiculopathy, significant degenerative disc disease with moderate disc collapse C5-6 and severe disc collapse C6-7, right upper extremity C5 and C6 radiculopathy, and lumbar spinal cord stimulator trial failure. In addition, given documentation of a signed opioid agreement on file, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of decreased pain and improved function in activities of daily living with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance because of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #150 is medically necessary.

**Ultram 50mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Ultram, the MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Ultram used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Ultram. Within the medical information

available for review, there is documentation of diagnoses of moderate foraminal stenosis L2-3 and L3-4, chronic pain syndrome, right lower extremity radiculopathy, significant degenerative disc disease with moderate disc collapse C5-6 and severe disc collapse C6-7, right upper extremity C5 and C6 radiculopathy, and lumbar spinal cord stimulator trial failure. In addition, given documentation of a signed opioid agreement on file, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of decreased pain and improved function in activities of daily living with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ultram use to date. However, there is no documentation that Ultram is used as a second line treatment. Therefore, based on guidelines and a review of the evidence, the request for Ultram 50mg #240 is not medically necessary.