

Case Number:	CM14-0078755		
Date Assigned:	07/21/2014	Date of Injury:	12/28/2005
Decision Date:	09/23/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 41 year old female who has a reported date of low back injury on December 28, 2005. The mechanism of injury is noted as moving old files while reorganizing the office. The current diagnosis is listed as post laminectomy syndrome of the lumbar region. Treatment has included medications, physical therapy and at least two epidural steroid injections, which provided temporary relief, performed February of 2005. In April of 2006 an emergent-based decompression was recommended and completed, resulting in a complete laminectomy at L4-5 and partial at L3. The injured worker continues with complaints of pain to the low back. Her medication protocol has included Tramadol 50 mg, Norco 10/325 mg, Ibuprofen 600 mg, Amitiza 24 mcg, Soma 350mg, and Omeprazole 40mg. A prior utilization review determination dated May 19, 2014 modified Norco 10/325 milligrams from 180 quantity to 135 through July 11, 2014. Amitiza was also certified through July 11, 2014. Tramadol was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg Qty 15: 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 Page(s): 91.

Decision rationale: According to the MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. MTUS Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated that the requirements for continued opioid therapy have been met. There is no evidence of return to work. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. There is no documentation of urine drug testing to monitor the patient's compliance. Therefore, the request is not medically necessary.

Norco 10/325mg Qty 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 Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no evidence of return to work. There is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. There is no documentation of urine drug testing to monitor the patient's compliance. The medical documents do not support continuation of opioid pain management. Therefore, the request is not medically necessary.