

Case Number:	CM14-0189424		
Date Assigned:	11/20/2014	Date of Injury:	03/04/2000
Decision Date:	01/08/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational Medicine 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:

Patient is a 73 year-old female with date of injury 03/04/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/13/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles bilaterally. No spam or trigger points were noted. Patient could not preform the facet loading maneuver. Sciatic notch tenderness on the left side. Range of motion was restricted in extension with pain. Sensory and motor exams were normal. Diagnosis: 1. Chronic pain syndrome 2. Cervical spondylosis without myelopathy 3. Post laminectomy syndrome, cervical 4. Lumbosacral spondylosis 5. Disorder of the coccyx 6. Disorder of the sacrum 7. Degeneration of lumbar intervertebral disc 8. Obesity 9. Chronic kidney disease 10. Osteoarthritis, hand 11. Osteoarthritis, ankle and foot. Original reviewer modified medication request to Tramadol HCL ER 200 mg, #30 with no refills and Norco 10/325mg, #60 with no refills. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medication: 1. Tramadol HCL ER 200 mg, #30 SIG: one daily and 2. Norco 10/325 mg, #60 SIG: one every 4-6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 200 mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids.

Norco 10/325 mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking.