

Case Number:	CM14-0193862		
Date Assigned:	12/01/2014	Date of Injury:	09/28/2001
Decision Date:	01/14/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal 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:

The injured worker is a 52 year old male with a date of injury as 09/28/2001. The current diagnoses are lumbosacral spondylosis without myelopathy, sprains and strains of other and unspecified parts of back, lumbar, and spinal stenosis, other than cervical, lumbar region, without neurogenic claudication. Previous treatments include multiple medications and no other reports were submitted showing other treatment modalities used in the past. Documentation submitted includes primary treating physician reports dated 04/07/2014 through 10/03/2014, progress notes dated 04/07/2014 through 11/03/2014, and drug screenings dated 04/07/2014 and 07/30/2014. Physician progress report dated 11/03/2014 notes to refer to the PR-2 (progress report) for this date of service for the main complaint, but this report was not included in the submitted documentation. The utilization reviewer documented that the injured worker presented on 11/03/2014 with complaints of low back pain that radiates down the left leg, pain has been constant, sharp, and aching, and noted that pain had increased since last visit and he felt that the medications were the only thing making his pain better. He rated his pain as 8 out of 10 without medication and 4 out of 10 with medication. Physical examination on 11/03/2014 revealed tenderness in the sacroiliac bilaterally documented as minimal if any, and all other areas of the examination were documented to be within normal limits. Primary treating physician report dated 10/03/2014 noted that the injured worker presented for a pill count per the insurance request, and had complaints of moderate pain with lumbar extension, positive straight leg raise left in L4-L5 distribution, and moderate tenderness to palpation bilateral paravertebral lumbar spine. Progress note dated 10/01/2014 noted that the injured workers physical examination revealed tenderness in the sacroiliac bilaterally documented as minimal if any, and all other areas of the examination were documented to be within normal limits. None of the documentation contained an assessment of the prescribed medications. The documentation supports that the

injured worker has remained on the same medications with no adjustments in dosage or frequency. Urine drug screens were consistent with the prescribed medications. The injured worker's work status was not included in the documentation submitted. The utilization review performed on 11/17/2014 modified a prescription for nortriptyline, Tramadol, and Norco for weaning purposes based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Nortriptyline 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Anti-Depressants

Decision rationale: Pursuant to the Official Disability Guidelines, nortriptyline 25 mg #30 is not medically necessary. Antidepressants for chronic pain are recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain. Tricyclic's which include nortriptyline are generally first-line agents unless they are ineffective, poorly tolerated or contraindicated. In this case, the injured workers working diagnoses are lumbosacral spondylosis without myelopathy; sprains and strains of other and unspecified parts of the back, lumbar; and spinal stenosis, other than cervical, lumbar region without neurogenic claudication. The documentation does not reflect how long the injured worker has been taking nortriptyline. The medical record indicates the nortriptyline has been helping him sleep better, however, there is no clinical evidence in the documentation that the nortriptyline provides objective functional improvement. Consequently, absent the appropriate clinical documentation demonstrating objective functional improvement, nortriptyline 25mg, #30 is not medically necessary.

180 Tablets of Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol (Ultram) Page(s): 74-95 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50mg, #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing over the abuse. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be

prescribed to improve pain and function. In this case, the injured workers working diagnoses are lumbosacral spondylosis without myelopathy; sprains and strains of other and unspecified parts of the back, lumbar; and spinal stenosis, other than cervical, lumbar region without neurogenic claudication. Despite the continued use of Tramadol, in addition to Norco, the injured worker continues to report increased pain. As noted above, the injured worker is taking two narcotics. He is taking Tramadol and Norco. It is unclear from the documentation how long the injured worker has been taking these two medications. The documentation does not contain evidence of objective functional improvement associated with the use of these opiates nor is there an explanation for clinical rationale for taking two opiate narcotics. Consequently, absent the appropriate documentation and detailed pain assessments, Tramadol 50mg, #180 is not medically necessary.

180 Tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg, #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing over the abuse. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnoses are lumbosacral spondylosis without myelopathy; sprains and strains of other and unspecified parts of the back, lumbar; and spinal stenosis, other than cervical, lumbar region without neurogenic claudication. Despite the continued use of Norco, the injured worker continues to complain of increased pain. As noted in the above section, the injured worker is taking two opiates, Norco in conjunction with Tramadol. There is no clinical rationale medical record explaining why to opiate narcotics are required to control pain. Additionally, there is no documentation indicating objective functional improvement associated with narcotic use. There are no detailed pain assessments in the record addressing the use of two narcotics. Also, a urine drug screen was performed that did not show the Norco was being taken. Consequently, after the appropriate clinical documentation along with evidence of objective functional improvement, Norco 10/325mg, #180 is not medically necessary.