

Case Number:	CM14-0195819		
Date Assigned:	12/03/2014	Date of Injury:	02/05/2013
Decision Date:	01/21/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 & 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 patient is a 60 year old male with date of injury 02/05/13. The treating physician report dated 05/29/14 (28) indicates that the patient presents with pain affecting the lower back and left leg. The physical examination findings reveal back range of motion flexion of 50 degrees, extension of 10 degrees, right & left side tilt to 10 degrees, tenderness to the palpate across his mid and lower spine, right and left knee reflexes are 2/4, right ankle is 1/4, and left ankle is 4/5. Prior treatment history includes ESI, EMG testing, and medication. EMG findings reveal electrodiagnostic evidence of moderate to severe radiculopathy affecting the right L5 and bilateral S1 nerve roots on top of moderate to severe chronic peripheral polyneuropathy of the bilateral lower limbs. The current diagnoses are: 1. Mechanical Low Back Pain 2. L5-S1 Radiculopathy 3. DJD of the lower lumbar spine. The utilization review report dated 10/22/14 denied the request for Norco 10/325 mg q 6h as needed #30 and Tramadol ER 100 MG 1-3 Tablets q HS #90 based on guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 9.6 hm as needed #30: Overturned

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): 74-78.

Decision rationale: The patient presents with pain affecting the lower back and left leg. The current request is for Norco 10/325 mg q 6 H as Needed #30. The treating physician report dated 10/13/14 (67) states that the patient has had much better relief with Norco compared to other medications. The MTUS guidelines state "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also require documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as a "pain assessment." In this case, the treating physician documented pain reduction with Norco. Mild side effects of sedation were reported with medications. The secondary treating physician performed an opioid risk assessment as well as CURES reporting to monitor for aberrant behavior. Functionally, the IW is working 4 hours per day of modified duty. The MTUS guidelines allow return to work as a metric of functional benefit from opioids. The request for Norco is medically.

Tramadol ER 100 mg 1-3 tablets every hour #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting the lower back and left leg. The current request is for Tramadol ER 100 mg 1-3 Tablets Every Hour #90. The treating physician report dated 10/13/14 states, "Discontinue Baclofen and start Tramadol ER 10mg 1-3 tablets q HS #90 for pain." The MTUS guidelines state "Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain." In this case the treating physician noted in the 10/13/14 report that the patient was starting Tramadol (66). In this case the treating physician has requested an initial trial of Tramadol and discontinued usage of Baclofen. MTUS, page 77, under Initiating Therapy, states that extended release opioids are recommended and to only change one drug at a time. The physician has followed the MTUS guidelines and the current request is medically necessary.