

Case Number:	CM14-0198517		
Date Assigned:	12/08/2014	Date of Injury:	02/16/2014
Decision Date:	01/31/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of February 16, 2014. A utilization review determination dated November 6, 2014 recommends noncertification of tramadol ER and hydrocodone/acetaminophen. A progress report dated December 22, 2014 identifies subjective complaints indicating that the patient had surgery on July 24, 2014 and presents for increased pain. He continues to have increased left lower extremity numbness and weakness. His pain is 9/10 without medication and 4/10 with medication. He uses Norco for severe breakthrough pain. The note states that the medications keep his pain manageable. The patient has severe radiculopathy symptoms that are suspicious for recurrent herniated nucleus pulposus. A request is made for mandatory urine drug screening prior to providing these medications. Objective examination findings reveal decreased lumbar range of motion with well-healed lumbar spine incision. Sensory and motor examination appear normal. Diagnoses include musculoligamentous sprain/strain, large L5-S1 herniated nucleus pulposus status post decompression, and rule out recurrent herniated nucleus pulposus. The treatment plan recommends a urine drug screen, refill of cyclobenzaprine as needed for muscle spasm, and refill of Norco for severe and breakthrough pain. The note indicates that the medications improve the patient's pain by 2-3 points on the pain scale, allow improved activities of daily living including ambulation, bathroom use, cooking, cleaning, and self-care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram Tramadol HCL ER 150 MG 60 Caps 1 Cap OD: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultram ER (tramadol), California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Ultram ER (tramadol) is medically necessary.

Norco Hydrocodone/APAP 10/325 MG 90 Tabs 1 Tab Every 4-6 Hours: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Norco is medically necessary.