

Case Number:	CM14-0201457		
Date Assigned:	12/11/2014	Date of Injury:	09/28/2006
Decision Date:	01/27/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice, 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:

48 yr. old female claimant sustained a work injury on 9/28/96 involving the neck and low back. He was diagnosed with cervical disc disease and lumbar disc disease. A prior MRI showed an annular fissure in L5-S1 with possible facet arthropathy and C3-C6 disc disease. She had been on Tramadol and Norco since at least January 2014. A progress note on 9/23/14 indicated the claimant had significant right upper extremity pain, and low back pain. There was tenderness in the trapezial region and reduced range of motion of the cervical and lumbar spine. Authorization was requested to continue the medications previously prescribed. A urine drug screen on 10/24/14 indicated findings of hydrocodone but negative for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back

pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function. The continued use of Norco is not medically necessary.

Tramadol 50mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): (s) 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted while on the medication. Despite long-term use, his urine screen did not show Tramadol in October 2014. This finding was not explained. The continued use of Tramadol as above is not medically necessary.