

Case Number:	CM14-0202950		
Date Assigned:	12/15/2014	Date of Injury:	04/16/2009
Decision Date:	02/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 40 year old employee with date of injury of 4/16/09. Medical records indicate the patient is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc; temporomandibular joint disorder; cervical degenerative disc disease (DDD), lumbar DDD. She has a history of migraines, TMJ and double vision. Subjective complaints include neck and back pain and pain in the lower limb. The patient also complains of anxiety, fatigue, depression and insomnia. She complains of muscle aches and weakness, poor sleep, loss of appetite, poor mood and decreased physical activity. Her pain is constant and sharp. She has radicular complaints re: right leg and foot. Her neck pain is non-radicular. Her symptoms will increase with bending, pulling, sitting, standing, crouching, wearing jeans and use of a seat belt. Bright lights and loud noise bother her and she complains of significant sleep disturbances. Objective findings include myofascial tenderness over the lumbar paraspinal muscles and hyperalgesia over the right gluteal muscles. There is straightening of the normal cervical lordosis and normal thoracic kyphosis and normal lumbar lordosis. She has numbness in a nondermatomal distribution of the right lower and upper extremities. She has an antalgic gait. Treatment has consisted of physical therapy, injection, pain management plan, massage, "Bowen therapy", Norco, lidocaine patches, Tramadol, Percocet and Lorazepam. She has special glasses for diplopia. The utilization review determination was rendered on 1/4/14 recommending non-certification of Tramadol 50 MG 1 Tablet Twice A Day By Mouth AS Directed for 30 Days #60 with 3 Refills and Norco 10-325 MG 1 Tablet Every 3-4 Hours By Mouth As Needed for 30 Days #60 with No Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG 1 Tablet Twice A Day By Mouth AS Directed for 30 Days #60 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for Tramadol 50 MG 1 Tablet Twice A Day By Mouth AS Directed for 30 Days #60 with 3 Refills is not medically necessary.

Norco 10-325 MG 1 Tablet Every 3-4 Hours By Mouth As Needed for 30 Days #60 with No Refills: Upheld

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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased

level of function, or improved quality of life. As such, the question for Norco 10-325 MG 1 Tablet Every 3-4 Hours By Mouth As Needed for 30 Days #60 with No Refills is not medically necessary.