

Case Number:	CM14-0203631		
Date Assigned:	12/16/2014	Date of Injury:	11/04/2013
Decision Date:	02/04/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/05/2014

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 Interventional spine 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 58-year-old male with date of injury of 11/04/2013. According to progress report dated 11/17/2014, patient presents with continued low back pain and left leg pain. It was noted that medications help to control pain. The listed diagnosis is left L4-L5 HNP and left sciatica. Treatment plan was for Ultram and Flexeril. According to progress report dated 10/19/2014, the patient presents with continued low back pain. The patient is, at this time, working deskwork only. It was noted that the patient's current medications include Norco 2.5, Ultram 10 mg, and Flexeril 7.5 mg. The treating physician's progress reports are handwritten and limited in its subjective and objective finding. Report dated 08/25/2014 noted that the patient has left leg pain and "meds help." Examination finding revealed positive straight leg raise. The patient was instructed to continue with medications. This is a request for Ultram and Norco refill. The Utilization Review denied the requests on 10/04/2014. Treatment reports from 01/22/2014 through 11/17/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: This patient presents with low back pain and left leg pain. The current request is for Ultram refill. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Review of the medical file indicates the patient has been utilizing Ultram since 10/06/2014. In this case, recommendation for further use cannot be supported as the treating physician has provided no discussions regarding functional improvement or change in ADLs as required by MTUS for opiate management. There are no before-and-after pain scales to denote a decrease in pain, no urine drug screens to monitor compliance and no discussions regarding possible adverse side effects. Furthermore, this is a request for Ultram refill with no indication of the recommended dosing or duration of use. An open-ended medication cannot be supported. The requested medication is not medically necessary.

Norco refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: This patient presents with low back pain and left leg pain. The current request is for Norco refill. For Chronic opiate use, the MTUS Guidelines pages 88 and 89 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 page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since at least 02/05/2014. In this case, recommendation for further use cannot be supported as the treating physician has provided no discussions regarding functional improvement or change in ADLs as required by MTUS for opiate management. There are no before-and-after pain scales to denote a decrease in pain, no urine drug screens to monitor compliance and no discussions regarding possible adverse side effects. Furthermore, this is a request for Norco refill with no indication of the recommended dosing or duration of use. An open-ended medication cannot be supported. The requested medication is not medically necessary.