

Case Number:	CM14-0207908		
Date Assigned:	12/19/2014	Date of Injury:	04/08/1993
Decision Date:	02/11/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 a work injury dated 4/8/93. The diagnoses include chronic low back pain with loss of sleep, insomnia, hyperhidrosis. Under consideration are requests for Tramadol 50mg #120, 2 refills and Norco 10/325mg #90. There is a 10/21/14 progress note that states that the patient could use a little more help. With the Tramadol he says he did not have enough pills to last so is only taking that twice a day which is less than he was taking before with a long acting for a total of 250mg a day vs the total of 50mg twice a day. He is sleeping fairly well with Elavil which he has restarted. He cannot tell if it is helping with his chronic pain though. On exam he weighs 204lbs, BP 138/84. O2 sat 98% on room air and pulse is 96. Lungs are clear. The treatment plan is renewal of Norco 10/325#90 with no refills and Tramadol 50mg #1201 qid with 2 refills. The medicines will be as follows: Elavil, Cymbalta, Amitriptyline, Duloxetine, Baclofen, Lyrica, Tramadol 50mg QID, Norco 10/32 QID. An 11/25/14 document states that work comp is trying to wean him off of his narcotics. He has been on narcotic treatment actually without excessive doses for decades. Since 1993 he had 3 laminectomies and a discectomy and various other procedures including an epidural which was not helpful. The patient states that he does not have enough pain control with decrease in medications for even mild activities. His back pain continues down his legs right worse than left especially when walking. The treatment plan was to see if he could follow up with a pain specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Tramadol 50mg #120, 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The documentation submitted does not reveal evidence of the above recommendations by the MTUS. The request for Tramadol 50mg #120, 2 refills is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The documentation submitted does not reveal evidence of the above recommendations by the MTUS. The request for Norco 10/325mg #90 is not medically necessary.

