

Case Number:	CM15-0002629		
Date Assigned:	01/13/2015	Date of Injury:	04/05/2007
Decision Date:	03/11/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

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 injured worker is a 53 year old male, who sustained an industrial injury on 4/5/2007. He has reported he felt his back "pop". The diagnoses have included degenerative disc disease with lumbar herniation with lumbar fusion 3/16/2009, musculoskeletal lumbar deconditioning, post laminectomy syndrome, and chronic lumbar pain. Treatment to date has included medications, acupuncture. Currently, the injured worker complains of worsening low back pain because he has been out of his medications for over a month. The muscle spasms were much worse. The pain was constant back pain with numbness and tingling in the left foot. There was tenderness in the lumbar spine. On 12/17/2014 Utilization Review non-certified Norco 10/325mg #120 and Tramadol ER 150mg #60, noting the MTUS Chronic Pain Treatment Guidelines, Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 12/4/14) Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if, (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence provided of functional improvement with his chronic narcotic medications. There have also been several recommendations made to wean his chronic narcotics and these recommendations have not been followed. There was also a letter provided in the documentation from a drug monitoring program that expressed concern that this patient may be at high risk for aberrant drug behavior based off the number and types of prescriptions this patient was receiving from local pharmacies. Likewise, this request is not considered medically necessary.

Retrospective (DOS: 12/4/14) Tramadol ER 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if, (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence provided of functional improvement with his chronic narcotic medications. There have also been several recommendations made to wean his chronic narcotics and these recommendations have not been followed. There was also a letter provided in the documentation from a drug monitoring program that expressed concern that this patient may be at high risk for aberrant drug behavior based off the number and types of prescriptions this patient was receiving from local pharmacies. Likewise, this request is not considered medically necessary.