

Case Number:	CM15-0003495		
Date Assigned:	01/14/2015	Date of Injury:	04/11/2013
Decision Date:	04/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on 4/11/13. He has reported low back pain. The diagnoses have included lumbar strain, L5-S1 disc protrusion and L4-5 disc protrusion with facet arthropathy and moderate neural foraminal stenosis. Treatment to date has included physical therapy, epidural steroid injection and medications. (MRI) magnetic resonance imaging revealed 6 mm disc protrusion at L5-S1 with bilateral foraminal stenosis. Currently, the IW complains of right side low back pain and right arm pain. On exam lumbar range of motion is noted to be moderately restricted with pain in all planes, tenderness to palpation over the lumbosacral midline is noted. He stated he had relief from previous steroid injection, however documentation did not support relief from medications listed. On 12/29/14 Utilization Review non-certified a prescription for Norco and Tramadol, noting neither the progress report nor the Request for Authorization indicated the amount of Norco and Tramadol ER prescribed or the intake regimen. The MTUS, ACOEM Guidelines, was cited. On 1/6/15, the injured worker submitted an application for IMR for review of Tramadol ER and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid therapy for chronic pain; Opioids, On-going Management. Decision based on Non-MTUS Citation American Pain Society and the American Academy of Pain Medicine, Opioid Treatment Guidelines, Opioid Therapy for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-91.

Decision rationale: The patient presents with right-sided lower back pain and right arm pain. The current request is for Norco. The treating physician states, He currently has no medications and is requesting refills. Norco 5/325 for breakthrough pain. (7B, 9B) The MTUS guidelines 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, as well as "pain assessment." In this case, the treating physician has not documented the 4As as required by the guidelines and the current request is for an unknown quantity and duration of usage thus rendering the prescription invalid. The current request is not medically necessary and the recommendation is for denial.

Tramadol ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, specific drug list; Opioids, criteria for use Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-91.

Decision rationale: The patient presents with right-sided lower back pain and right arm pain. The current request is for Tramadol ER. The treating physician states, Patient is to utilize Tramadol for pain. (107B) The MTUS guidelines 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, as well as "pain assessment." In this case, the treating physician has not documented the 4As as required by the guidelines and the current request is for an unknown quantity and duration of usage thus rendering the prescription invalid. The current request is not medically necessary and the recommendation is for denial.