

Case Number:	CM15-0100680		
Date Assigned:	06/03/2015	Date of Injury:	04/06/2005
Decision Date:	07/01/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on April 6, 2005. The injured worker was diagnosed as having chronic pain, opioid dependence, and ruptured disc L4-L5. Treatment to date has included left total knee replacement, home exercise program (HEP), and medication. Currently, the injured worker complains of ongoing pain in the low back. The Primary Treating Physician's report dated April 28, 2015, noted the injured worker reported that medication helped to control his pain, not tolerable without medication. Physical examination was noted to show tenderness to the right and left paraspinals of the thoracolumbar spine. The treatment plan was noted to include a refill of medications including Norco, Tramadol, and Naprosyn, and request for authorization for a urine drug screen (UDS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 76-78, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in April 2005 and continues to be treated for chronic radiating low back pain. Medications are referenced as without adverse side effect and allowing the claimant to function well and perform activities of daily living without much pain. When seen, there was decreased lumbar range of motion with pain and tenderness. Norco and Tramadol were being prescribed at a total MED (morphine equivalent dose) of 100 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved function and activities of daily living. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Tramadol 50mg #150 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications, Tramadol Page(s): 76-78, 91, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in April 2005 and continues to be treated for chronic radiating low back pain. Medications are referenced as without adverse side effect and allowing the claimant to function well and perform activities of daily living without much pain. When seen, there was decreased lumbar range of motion with pain and tenderness. Norco and Tramadol were being prescribed at a total MED (morphine equivalent dose) of 100 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief with improved function and activities of daily living. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol was medically necessary.