

<b>Case Number:</b>	CM15-0131038		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 47 year old male, who sustained an industrial injury on September 1, 2008. The injury occurred while the injured worker was doing repetitive heavy lifting and developed pain in the lumbosacral area. The injured worker has a diagnosis of chronic back pain. Treatment and evaluation to date has included medications, radiological studies, MRI and physical therapy. The injured worker was working without restrictions. Current documentation dated May 29, 2015 notes that the injured worker reported constant lumbosacral pain without radiation. Examination of the lumbar spine revealed tenderness to palpation in the upper lumbar and mid thoracic area. Range of motion was noted to be full with no pain on extremes of motion. There was no pain noted with leg elevation. There were no neurological deficits with full sensation and circulation. The treating physician's plan of care included requests for Norco 5/325 mg \$ 40 and Tramadol 50 mg # 40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #40:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that central acting analgesics may be used to treat chronic pain. This small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. The MTUS guidelines discourage long-term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. In this case, the use of opioids was not properly documented. There was no documentation indicating the use of Tramadol. There was no documentation of improvement in specific activities of daily living as a result of use of Tramadol. In addition, there was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of Tramadol. Due to lack of a detailed pain assessment, lack of documentation of improvement in pain and lack of documentation of functional improvement, the request for Tramadol is not medically necessary.

**Norco 5/325mg #40:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS and ODG, Norco 5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There was no documentation of improvement in specific activities of daily living as a result of use of Norco. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of this medication. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.