MAXIMUS Federal Services

Case Number:	CM15-0142647		
Date Assigned:	08/03/2015	Date of Injury:	04/15/2011
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, California
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 37 year old male, who sustained an industrial injury on 4-15-2011. The details of the initial injury were not documented in the medical records submitted for this review. Diagnoses include lumbar disc displacement without myelopathy, lumbar stenosis, right hip pain, contusion of foot and heel, and contusion of knee. Treatments to date include medication therapy and home exercise. Currently, he complained of pain in the low back with radiation to the right left and left hip associated with numbness, tingling, and muscle spasms, and pain in the right hip and right foot. On 5-21-15, the physical examination documented painful range of motion in the lumbar spine with a positive straight leg raise test on the right side. The plan of care included prescriptions for Norco 10-325mg #60; and Tramadol ER 100mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year in conjunction with Tramadol. Long-term use is not indicated. Pain reduction scores with medication were not noted. There was no mention of weaning or Tricyclic failure. Reduction attributed to Norco cannot be determined. Chronic use of Norco is not medically necessary.

Tramadol ER 100 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for a year in conjunction with Norco. Long-term use is not indicated. Pain reduction scores with medication were not noted. There was no mention of weaning or Tricyclic failure. Reduction attributed to Tramadol cannot be determined. Chronic use of Tramadol is not medically necessary.