

Case Number:	CM15-0169387		
Date Assigned:	09/10/2015	Date of Injury:	07/10/2007
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/27/2015

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: Texas, 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 59 year old male-female, who sustained an industrial-work injury on 7-10-07. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, strain of the thoracic region, and kyphoscoliosis deformity of the spine. Medical records dated (2-18-15 to 7-21-15) indicate that the injured worker complains of pain in the upper and lower back and left low back and down the left leg. There is also pain in the right shoulder and down the right arm. The pain is rated 4-8 out of 10 on pain scale, with average pain rated 4-5 out of 10 and worst pain 8 out of 10 which has been unchanged from previous visits. The injured worker reports that the pain prevents her from doing everything including sleeping and with the pain medications she is able to perform her activities of daily living (ADL). She reports 40 percent pain relief after taking pain medications. Per the treating physician report dated 7-21-15 the injured worker has been instructed to remain off work permanently. The physical exam dated from (2-18-15 to 7-21-15) reveals that there is pain and tenderness in the lumbar spine, left leg, left shoulder and arm with numbness left thumb. There is complaints of right and left sciatic pain with cramping and muscle spasm and decreased lumbar range of motion. Physical examination revealed tenderness on palpation over lumbar spine, left shoulder and left leg and numbness in left arm. Treatment to date has included pain medication including Norco and Tramadol for at least 6 months, urine drug screen, off of work, and other modalities. Per the medical record dated 7-21-15, the treating physician indicates that the urine drug test result dated 4-20-15 was consistent with the medication prescribed. The original Utilization review dated 7-30-15 denied a request for Norco 10-325mg #60 and Tramadol 50mg #90 as the

MTUS guidelines do not recommend long term opioid therapy for back pain. The medication list include Norco, Omeprazole, Lyrica and Tramadol. Any surgical or procedure note related to this injury was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Request: Norco 10/325mg #60. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The level of pain control with lower potency opioids (like tramadol) and other non opioid medications for chronic pain (antidepressants), without the use of norco, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #60 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for neuropathic pain.

Decision rationale: Tramadol 50mg #90. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Medical records dated (2-18-15 to 7-21-15) indicate that the injured worker complains of pain in the upper and lower back and left low back and down the left leg. There is also pain in the right shoulder and down the right arm. The pain is rated 4-8 out of 10 on pain scale, with average pain rated 4-5 out of 10 and worst pain 8 out of 10 which has been unchanged from previous visits. The physical exam dated from (2-18-15 to 7-21-15) reveals that there is pain and tenderness in the lumbar spine, left leg, left shoulder and arm with numbness left thumb. There is complaints of right and left sciatic pain with cramping and muscle spasm and decreased lumbar range of motion. Physical examination revealed tenderness on palpation over lumbar spine, left shoulder and left leg and numbness in left arm. There is no evidence of medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg #90 is deemed as medically appropriate and necessary.