

Case Number:	CM15-0181277		
Date Assigned:	09/22/2015	Date of Injury:	11/02/2010
Decision Date:	10/27/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/15/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 60 year old female who sustained an industrial injury on 11-2-2010. She reported twisting her back while moving a heavy object. Diagnoses include chronic pain, degenerative disc disease of cervical and lumbar spines, back pain, and lumbar spondylosis. Treatments to date include activity modification, medication therapy, chiropractic therapy, and cognitive behavioral therapy. Currently, she complained of low back and right buttock pain with radiation of numbness to the right and left leg. The provider documented 80% improvement in pain with use of Norco within twenty minutes lasting four to five hours duration and 60% relief with Tramadol, within thirty minutes lasting one to two hours. On 8-5-15, the physical examination documented no abnormal physical findings. The appeal requested authorization of Norco 10-325mg tablets #60 with two refills; and Tramadol 50mg #60 with one refill, which was non-certified by Utilization Review on 8-31-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as hydrocodone (Norco), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records have included documentation of the pain with and without medication, past urine drug testing (3-2-2015), CURES on file (8-5-2015), and subjective functional improvement; however, unable to confirm a pain contract on file and she has had some difficulty focusing with Norco. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which has been done appropriately. The treating physician's notes from 8-5-2015, indicated that the injured worker has had improved functioning and decreased pain on medications, which is an indication that opioids may be continued. Recommend reassessment for weaning/tapering as mandated by the guidelines and further documentation of pain with and without medications on the visual analog scale. The request for Norco 10-325mg tablets #60 with two refills is medically necessary and appropriate.

Tramadol 50mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that Tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's records have included documentation of the pain with and without medication, no significant adverse effects, past urine drug testing (3-2-2015), CURES on file (8-5-2015), and subjective functional improvement; however, unable to confirm a pain contract on file. Of primary importance is an appropriate time-frame for follow-up to reassess the 4 A's, which has been done appropriately. The treating physician's notes from 8-5-2015, indicated that the injured worker has had improved functioning and decreased pain on medications, which is an indication that opioids may be continued. Recommend reassessment for weaning/tapering as mandated by the guidelines and further documentation of pain with and without medications on the visual analog scale. The request for Tramadol 50mg #60 with one refill is medically necessary and appropriate.