

Case Number:	CM15-0192766		
Date Assigned:	10/08/2015	Date of Injury:	01/31/2008
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 68 year old male, who sustained an industrial injury on January 31, 2008. The injured worker was diagnosed as having constipation, status post laminectomy syndrome, lumbar facet arthropathy, and lumbalgia. Treatment and diagnostic studies to date has included status post lumbar three to sacral one radiofrequency ablation on April 30, 2015 on the left and May 07, 2015 on the right, status post medial branch blocks to the lumbar three through sacral one on the right in March of 2015 and bilaterally in March of 2015, status post epidural steroid injection, medication regimen, physical therapy, use of a transcutaneous electrical nerve stimulation, medication regimen, use of heat and ice, and massage. In a progress note dated May 26, 2015 the treating physician reports complaints of constant, dull, aching pain to the low back. Examination performed on May 26, 2015 was revealing for decreased range of motion with pain to the lumbar spine, tenderness to the bilateral mid to low back paraspinal muscles and facets, and positive facet loading bilaterally. The treating physician on May 26, 2015 also noted that the injured worker did not have relief with recent radiofrequency ablation, but had a 75% pain reduction with prior medial branch blocks. The injured worker's current medication regimen on May 26, 2015 included Tramadol, Senna, and Hydrocodone with Acetaminophen (Norco) since at least prior to April of 2015, noting "better pain control" when taken four times a day versus three times a day. On May 26, 2015, the injured worker's pain level was rated a 5 out of 10 noting a pain level of a 3 to 5 out of 10 with use of his medication regimen at three times a day. The injured worker was noted to be able to perform activities of daily living, but has a "better function yet at higher dose". On May 26, 2015, the treating physician requested the medications

Norco 10-325mg with a quantity of 270 and Tramadol HCL 50mg with a quantity of 270 noting current use of these medications. On September 02, 2015 the Utilization Review determined the requests for Norco 10-325mg with a quantity of 270 and Tramadol HCL 50mg with a quantity of 270 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for Norco is not medically necessary or substantiated in the records.

Tramadol HCL 50mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

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

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The request for tramadol is not medically necessary or substantiated.