

Case Number:	CM15-0197684		
Date Assigned:	10/13/2015	Date of Injury:	05/26/2014
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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 Jersey

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 31 year old female, who sustained an industrial injury on May 26, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having L4-L5 5mm bulging disc, right leg radiculopathy and status post discectomy at L4-L5 on January 29, 2015. Treatment to date has included diagnostic studies, surgery, physical therapy, injection and medication. On September 10, 2015, the injured worker complained of lumbar spine pain rated as a 5 on a 1-10 pain scale. The pain was reported to be improved since her last exam visit. Her Norco and Robaxin medication provides improvement in her pain level from a 6-7 on a 1-10 pain scale down to a 3 on the pain scale. Notes stated that she has been taking Norco for "some time." The treatment physician advised giving her Tramadol to help treat her pain during the day and spacing out her Norco narcotic dosing. A return to modified work was scheduled for September 10, 2015. The treatment plan included a follow-up with a spine surgeon, Tramadol, Norco, Robaxin and a follow-up visit. On September 30, 2015, utilization review denied a request for Norco 10-325mg #90, Robaxin 750mg #90 and Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90, one tablet by mouth every 8 hours as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Norco had been used chronically leading up to this request for renewal. The documents stated that she had tried to space out her use of this medication but with some increased pain as a result. There was a reported collective medication effect of pain reduction; however, there was no stated effect of Norco independent of the other medications used. There was no report found to show functional gain besides her working in some capacity. Although the provider suggested she not use her opioid medication prior to going to work, the prescription for Norco to be used every 8 hours suggests otherwise. Without more clear evidence of effectiveness and appropriateness, the Norco request will be considered medically unnecessary at this time. Weaning is recommended.

Robaxin 750mg #90 one tablet by mouth every 8 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of chronic use of Robaxin leading up to this request for renewal. However, this is not recommended for this drug class, and since this request for #90 pills is indicative of an intention for the worker to continue it on a chronic basis, this request will be considered medically unnecessary.

Tramadol 50mg 1-2 tablets by mouth every 6-8 hours as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was record of ongoing Norco use with attempts to not use it as much. The provider suggested adding on tramadol "to help treat her pain during the day and space out her Norco narcotic dosing." It is not clear how this will be helpful to the worker, trying to avoid narcotics at work and use less narcotics in general as tramadol is an opioid narcotic, technically, albeit with lower risk of addiction and dependence than Norco and other narcotics. If the provider prefers the tramadol over Norco, then Norco should be discontinued and tramadol started, rather than prescribe both for daily regular use, for which there is no indication in this case. Therefore, the tramadol as requested currently will be considered medically unnecessary.