

<b>Case Number:</b>	CM15-0200663		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old female, who sustained an industrial injury on 5-29-2012. Medical records indicate the worker is undergoing treatment for lumbosacral decompression and fusion, failed back surgery syndrome and lumbago. A progress note dated 3-31-2015 reported the injured worker complained of low back pain (lumbosacral) and groin pain rated 8 out of 10. A recent progress report dated 9-8-2015, reported the injured worker complained of moderate to severe back pain rated 6 out of 10. Physical examination revealed sacroiliac joint tenderness, lumbar facet tenderness and painful range of motion. Treatment to date has included physical therapy, home exercise program, steroid injections, surgery and medication management including Norco (since at least 3-31-2015) and Tramadol (since at least 3-31-2015). The physician is requesting Norco 10-325mg #120 and Tramadol 50mg #120. On 9-23-2015, the Utilization Review modified the request for Norco 10-325mg #120 to #90 and Tramadol 50mg #120 to #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

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

**Decision rationale:** Norco 10/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant documentation of objective evidence of increased function therefore the request for continued Norco is not medically necessary.

**Tramadol 50mg #120:** 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, Opioids, specific drug list.

**Decision rationale:** Tramadol 50mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Tramadol is a synthetic opioid affecting the central nervous system. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant documentation of objective evidence of increased function therefore the request for continued Tramadol is not medically necessary.