

Case Number:	CM15-0201422		
Date Assigned:	10/16/2015	Date of Injury:	10/08/2012
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Emergency 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 28 year old male, who sustained an industrial-work injury on 10-8-12. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar stenosis, lumbar disc herniation, and neurodiagnostic evidence of bilateral L5 and right S1 radiculopathy. Treatment to date has included pain medication, Relafen, Flexeril with adverse effects so Robaxin was prescribed, Norco since at least 2-19-15, Tramadol since at least 8-6-15, Robaxin since at least 8-6-15, physical therapy, Magnetic Resonance Imaging (MRI) of the lumbar spine, aqua therapy at least 11 sessions and other modalities. Medical records dated 9-17-15 indicate that the injured worker complains of recent flare-up of back pain after falling off a chair and increased the Norco usage. The physician indicates that he has radicular pain in the bilateral lower extremities (BLE) such as numbness and tingling and joint pain and swelling. Per the treating physician report dated 9-17-15, the injured worker may return to modified work. The physical exam reveals restricted range of motion of the lumbar spine with pain. The physician indicates that in an effort to wean the injured worker off of Norco the dosage is reduced from #125 to #100. He reports difficulty managing the pain with the decreased Norco dosage so the Tramadol was increased to compensate. The treating physician indicates that an opiate contract was signed on 5-15-15. The requested services included Norco 10-325mg, 1 tablet orally every 4-6 hours, #100 with no refills, Tramadol (unspecified strength) as needed for pain, #120, and Robaxin 750mg, at bedtime as needed, #120 with 1 refill. The original Utilization review dated 9-30-15 non-certified the request for Norco 10-325mg, 1 tablet orally

every 4-6 hours, #100 with no refills, Tramadol (unspecified strength) as needed for pain, #120, and Robaxin 750mg, at bedtime as needed, #120 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tablet orally every 4-6 hours, #100 with no refills: Upheld

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

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

Decision rationale: The requested Norco 10/325mg, 1 tablet orally every 4-6 hours, #100 with no refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has radicular pain in the bilateral lower extremities (BLE) such as numbness and tingling and joint pain and swelling. Per the treating physician report dated 9-17-15, the injured worker may return to modified work. The physical exam reveals restricted range of motion of the lumbar spine with pain. The physician indicates that in an effort to wean the injured worker off of Norco the dosage is reduced from #125 to #100. He reports difficulty managing the pain with the decreased Norco dosage so the Tramadol was increased to compensate. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg, 1 tablet orally every 4-6 hours, #100 with no refills is not medically necessary.

Tramadol (unspecified strength) as needed for pain, #120: Upheld

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

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

Decision rationale: The requested Tramadol (unspecified strength) as needed for pain, #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured

worker has radicular pain in the bilateral lower extremities (BLE) such as numbness and tingling and joint pain and swelling. Per the treating physician report dated 9-17-15, the injured worker may return to modified work. The physical exam reveals restricted range of motion of the lumbar spine with pain. The physician indicates that in an effort to wean the injured worker off of Norco the dosage is reduced from #125 to #100. He reports difficulty managing the pain with the decreased Norco dosage so the Tramadol was increased to compensate. The treating physician has not documented failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol (unspecified strength) as needed for pain, #120 is not medically necessary.

Robaxin 750mg, at bedtime as needed, #120 with 1 refill: 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 requested Robaxin 750mg, at bedtime as needed, #120 with 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has radicular pain in the bilateral lower extremities (BLE) such as numbness and tingling and joint pain and swelling. Per the treating physician report dated 9-17-15, the injured worker may return to modified work. The physical exam reveals restricted range of motion of the lumbar spine with pain. The physician indicates that in an effort to wean the injured worker off of Norco the dosage is reduced from #125 to #100. He reports difficulty managing the pain with the decreased Norco dosage so the Tramadol was increased to compensate. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Robaxin 750mg, at bedtime as needed, #120 with 1 refill is not medically necessary.