

Case Number:	CM15-0203817		
Date Assigned:	10/21/2015	Date of Injury:	02/13/2012
Decision Date:	12/02/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/16/2015

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: Arizona, California 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 43-year-old male, with a reported date of injury of 02-13-2012. The diagnoses include lumbar stenosis with neurogenic claudication, lumbar intervertebral disc radiculopathy, lumbar disc herniation, and lumbosacral spondylolysis. The medical report dated 05-16-2015 indicates that the injured worker was doing well, and his lumbar spine was stable. It was noted that there was some stiffness in the neck and trapezius area. It was also noted that the injured worker took Norco, and wanted to switch to Tramadol and wean medications so that he could return to work. The medical report dated 04-13-2015 indicates that the injured worker was progressing well from surgery, and had intermittent setbacks with pain and fatigue. The objective findings (05-16-2015) include no tenderness to palpation of the lumbar spine; normal inspection of the fingers; a clean, dry, and intact incision of the lumbar spine; a normal gait; intact sensory testing for pain, light touch, and vibration; and strength testing of the major muscles innervated by the lumbar spine was graded at 5 out of 5. The injured worker's pain ratings were not indicated. The injured worker was instructed to return to work full-time. The diagnostic studies to date have included an x-ray of the lumbosacral spine on 01-15-2015 which showed straightened lordosis, stable brackets at L5-S1, normal SI (sacroiliac) joints, and a surgical clip which overlaid L1; an MRI of the cervical spine on 03-06-2013 which showed right paracentral C3-4 disc protrusion which caused minimal central stenosis; an MRI of the lumbar spine on 04-24-2012 which showed disc desiccation, disc bulge, and minimal facet joint osteophyte at L5-S1, and mild to moderate disc bulge and posterior central disc herniation and protrusion at L5-S1 with mild spinal canal narrowing; electrodiagnostic studies of the bilateral

upper extremities which showed bilateral carpal tunnel syndrome and low grade right C6 radiculopathy. Treatments and evaluation to date have included Norco (since at least 04-2015), Tramadol (since at least 04-2015), home exercise program, and lumbar spine surgery. The request for authorization was dated 09-30-2015. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Tramadol 50mg #120 and Norco 10-325mg #120. On 10-09-2015 Utilization Review (UR) non-certified the request for Tramadol 50mg #120 and Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 with no refills: 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 for neuropathic pain, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain score reduction was not noted. The claimant was on Tramadol for several months in combination with Norco. Long-term use is not indicated. Weaning and Tylenol failure was not noted. Continued use of Tramadol is not medically necessary.

Norco 10/325mg #120 with no refills: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Tramadol. Pain score reductions were not documented. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.