

Case Number:	CM15-0207269		
Date Assigned:	10/26/2015	Date of Injury:	04/16/2011
Decision Date:	12/07/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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 46 year old female, who sustained an industrial injury on 4-16-11. The injured worker was being treated for thoracic-lumbosacral neuritis, lumbar spinal stenosis with neurogenic claudication and intervertebral lumbar disc displacement with myelopathy. On 8-5-15, the injured worker complains of bilateral low back pain, thigh numbness within 5 minutes of standing or walking, left leg weakness and neck and trapezial pain that does not go past shoulders. Documentation does not include pain level prior to or following administration of medications or duration or pain relief. Documentation does not include improvement in pain or function with use of medications. Physical exam performed on 8-5-15 revealed bilateral thigh numbness. Treatment to date has included oral medications including Norco 10-325mg (since at least 10-8-14), Prilosec 20mg, Medrol 4mg, Fexmid 7.5mg, Tramadol ER 150mg (since at least 10-8-14), Naproxen and Zofran; epidural steroid injections (only provided temporary relief), physical therapy and activity modifications. Request for authorization was submitted on 9-23-25 for Norco 10-325mg #20 and Tramadol 300mg #30. On 9-30-15 request for Norco 10-325mg #120 was modified to #58 and Tramadol 300mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #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 for chronic pain.

Decision rationale: The requested 1 Prescription of Norco 10/325mg #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, 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 bilateral low back pain, thigh numbness within 5 minutes of standing or walking, left leg weakness and neck and trapezial pain, which does not go past shoulders. Documentation does not include pain level prior to or following administration of medications or duration or pain relief. Documentation does not include improvement in pain or function with use of medications. Physical exam performed on 8-5-15 revealed bilateral thigh numbness. Treatment to date has included oral medications including Norco 10-325mg (since at least 10-8-14), Prilosec 20mg, Medrol 4mg, Fexmid 7.5mg, Tramadol ER 150mg (since at least 10-8-14). The treating physician has not documented VAS pain quantification with and without medications, 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, 1 Prescription of Norco 10/325mg #120 is not medically necessary.

1 Prescription of Tramadol 300mg #30: 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, specific drug list.

Decision rationale: The requested 1 Prescription of Tramadol 300mg #30, 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 bilateral low back pain, thigh numbness within 5 minutes of standing or walking, left leg weakness and neck and trapezial pain, which does not go past shoulders. Documentation does not include pain level prior to or following administration of medications or duration or pain relief. Documentation does not include improvement in pain or function with use of medications. Physical exam performed on 8-5-15 revealed bilateral thigh numbness. Treatment to date has included oral medications including Norco 10-325mg (since at least 10-8-14),

Prilosec 20mg, Medrol 4mg, Fexmid 7.5mg, Tramadol ER 150mg (since at least 10-8-14), The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, 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, 1 Prescription of Tramadol 300mg #30 is not medically necessary.