

Case Number:	CM15-0023551		
Date Assigned:	02/13/2015	Date of Injury:	01/28/1993
Decision Date:	03/26/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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 69 year old male nurse who sustained an industrial injury when lifting a client on January 28, 1993. The injured worker was diagnosed with lumbosacral sprain with radicular symptoms, cervical sprain with radicular symptoms, recurrent infections of the lumbar spine wound post lumbar fusion with instrumentation L4 S1, bilateral knee pain and opioid dependence. The injured worker underwent left knee arthroscopy in 2009 and lumbar fusion with instrumentation L4 S1 in 1996 with recurrent infections and a non-healing perirectal abscess. Computed Tomography (CT) of the lumbar spine on September 8, 2014 demonstrated intact hardware with no acute abnormality. According to the primary treating physician's progress report on January 6, 2015, the injured worker continues to have headaches, dizziness, depression, fatigue, bowel irregularity, frequent infections, joint pain and inflammation of the right knee and leg, redness and inflammation in the buttocks and sleep disruption. Complete Blood Count (CBC) drawn on January 15, 2015 noted normal white count, low neutrophils and slightly elevated lymphocytes. Current medications consist of Norco and Tramadol. No current treatment modalities were documented. The injured worker is Permanent & Stationary (P&S). A progress note on 12/3/14 indicated the claimant was getting medications from 2 physicians and that the claimant was in violation of the opioid agreement. VAS pain scores were not noted on several visits. The treating physician requested authorization for Tramadol 50mg #120 and Norco 10/325mg #150. On February 2, 2015 the Utilization Review modified the certification for Tramadol 50mg #120 to Tramadol 50mg #90 and modified Norco 10/325mg #150 to Norco

10/325mg #120 to allow for weaning. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going management, opioid Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

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 pain scores were not charted routinely. In addition, the claimant had previously violated the opioid agreement. There was no indication for combining multiple short-acting opioids. The claimant had been on Tramadol for several months along with Norco (Hydrocodone). Continued use of Tramadol is not medically necessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid on going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

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. . The pain scores were not charted routinely. In addition, the claimant had previously violated the opioid agreement. There was no indication for combining multiple short-acting opioids. The claimant had been on Norco for several months along with Tramaodol. The continued use of Norco is not medically necessary.