

Case Number:	CM15-0218053		
Date Assigned:	11/09/2015	Date of Injury:	06/12/2011
Decision Date:	12/21/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who sustained an industrial injury on 6-12-11. The injured worker reported "no new complaints of pain in the right leg, but does have now sciatica in the left leg." A review of the medical records indicates that the injured worker is undergoing treatments for right L4-5 microdiscectomy (2-13-14) and persistent stenosis L3-S1. Medical records dated 8-7-15 indicate pain rated at 8-9 out of 10. Treatment has included a corset, lumbar epidural steroid injection, physical therapy, Norco since at least May of 2015, Motrin since at least May of 2015, Tramadol, Lodine and functional restoration program since at least May of 2015, magnetic resonance imaging, and Trazodone. Objective findings dated 9-29-15 were notable for lower extremity neurologic exam intact. The original utilization review (10-19-15) denied a request for Norco 10-325 #60, Ultram 50mg #60 and Lodine 500mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: 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 for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in June 2011 when, while working as a Cashier/Clerk, she injured her low back while lifting cases of water. She underwent a right L4/5 microdiscectomy in February 2014 without improvement. She had a recurrent disc herniation. She had physical therapy, medications, and an epidural injection. She wanted to avoid surgery and participated in a functional restoration program. She completed treatment in the program in August 2015. Discharge medications were Norco 10/325 mg 2-3 times per day and trazodone. Medications were decreasing pain with improved function and were recommended to be continued. She had plateaued with the treatments, which was attributed to her diabetes and thyroid dysfunction. When seen by the requesting provider in September 2015, she was having left lower extremity sciatic pain, which had not been a problem in the past. There were no new complaints of pain in the right leg. Physical examination findings included a normal neurological examination. A lumbar corset was provided. Norco was prescribed for severe pain and Tramadol for more moderate pain. The MED (morphine equivalent dose) was the same for both medications. Lodine 500 mg #60 was prescribed for inflammation with three refills. Follow-up was planned in six weeks. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total MED was less than 120 mg per day, there was no documentation that this medication was currently providing decreased pain or an increased level of function or improved quality of life. Ultram was prescribed and prescribing two immediate release opioid medications at the same MED is duplicative. Continued prescribing is not medically necessary.

Ultram 50mg #60: 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.

Decision rationale: The claimant sustained a work injury in June 2011 when, while working as a Cashier/Clerk, she injured her low back while lifting cases of water. She underwent a right L4/5 microdiscectomy in February 2014 without improvement. She had a recurrent disc herniation. She had physical therapy, medications, and an epidural injection. She wanted to avoid surgery and participated in a functional restoration program. She completed treatment in the program in August 2015. Discharge medications were Norco 10/325 mg 2-3 times per day and trazodone. Medications were decreasing pain with improved function and were recommended to be continued. She had plateaued with the treatments, which was attributed to her diabetes and thyroid dysfunction. When seen by the requesting provider in September 2015, she was having left lower extremity sciatic pain, which had not been a problem in the past. There were no new complaints of pain in the right leg. Physical examination findings included a normal neurological examination. A lumbar corset was provided. Norco was prescribed for severe pain and Tramadol for more moderate pain. The MED (morphine equivalent dose) was the same for both medications. Lodine 500 mg #60 was prescribed for inflammation with three refills. Follow-up was planned in six weeks. Ultram (Tramadol) is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, when prescribed, Norco was an active medication and at the same MED there was no documentation that it was providing decreased pain or an increased level of function or improved quality of life. Prescribing two immediate release opioid medications at the same MED is duplicative. Prescribing Ultram was not medically necessary.

Lodine 500mg #60 with 3 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in June 2011 when, while working as a Cashier/Clerk, she injured her low back while lifting cases of water. She underwent a right L4/5 microdiscectomy in February 2014 without improvement. She had a recurrent disc herniation. She had physical therapy, medications, and an epidural injection. She wanted to avoid surgery and participated in a functional restoration program. She completed treatment in the program in August 2015. Discharge medications were Norco 10/325 mg 2-3 times per day and trazodone. Medications were decreasing pain with improved function and were recommended to be continued. She had plateaued with the treatments, which was attributed to her diabetes and thyroid dysfunction. When seen by the requesting provider in September 2015, she was having left lower extremity sciatic pain, which had not been a problem in the past. There were no new complaints of pain in the right leg. Physical examination findings included a normal neurological examination. A lumbar corset was provided. Norco was prescribed for severe pain and Tramadol for more moderate pain. The MED (morphine equivalent dose) was the same for both medications. Lodine 500 mg #60 was prescribed for inflammation with three refills. Follow-up was planned in six weeks. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Lodine (Etodolac) is 300 mg 2-3 times daily or 400 - 500 mg twice daily. In this case, the claimant has chronic persistent pain. The requested dosing is within guideline recommendations. Prescribing Lodine was medically necessary. However, three refills were provided. An assessment for efficacy and side effects would be expected at the next follow-up, which was planned in six weeks. This request for a four-month supply was not medically necessary.