

Case Number:	CM15-0038419		
Date Assigned:	03/09/2015	Date of Injury:	01/28/1993
Decision Date:	04/10/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/02/2015

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 70-year-old male, who sustained an industrial injury on 1/28/93. He has reported neck, back and knee injury after lifting a heavy client art work. The diagnoses have included chronic pain, cervical spondylosis without myelopathy, brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, lumbosacral sprain of neck and sprain of neck region. Treatment to date has included medications, surgery, diagnostics and physical therapy. Surgery has included lumbar decompression with fusion in 1997 and left knee arthroscopy in 2009. Currently, as per the physician progress note dated 2/3/15, the injured worker complains of ongoing pain and inflammation in the right knee and leg. He states that the medications allow him to function well and perform his activities of daily living (ADL's) without much pain or adverse effects. The current medications included Tramadol and Norco. Physical exam revealed inflammation of the right knee and redness and inflammation in the buttocks. A progress note on 11/28/14 indicated the claimant received medications from different physicians indicating a violation of an opioid contract. As per progress note dated 1/15/15, the injured worker complains of constant pain in the neck, shoulders, lower back and right knee. Physical exam revealed cervical tenderness with spasm and decreased range of motion. The lumbar spine range of motion was flexion 45 degrees and extension 0 degrees. The right lower extremity was swollen. Work status was temporary totally disabled. On 2/14/15, Utilization Review modified a request for Tramadol 50mg #90 modified to Tramadol 50mg #45 for weaning and Norco 10/325mg #120 modified to Norco 10/325mg #120; noting the (MTUS) Medical Treatment Utilization Schedule

chronic pain guidelines pages 78 & 91-94 and the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines pages 78-91 were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 91-94.

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 claimant had been on opioids including Tylenol # 4 since 2013. In addition, there was concern of a contract violation in 11/2014. There was no indication for combining multiple opioids (Norco). Pain scores were not consistently documented. The continued use of Tramadol as above is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-91.

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. Although it may be a good choice in those with back pain, the claimant had been on opioids including Tylenol # 4 since 2013. In addition, there was concern of a contract violation in 11/2014. There was no indication for combining multiple opioids (Tramadol). Pain scores were not consistently documented. The continued use of Norco as above is not medically necessary.