

<b>Case Number:</b>	CM15-0039581		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/11/1987
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 50 year old male who sustained a work related injury August 11, 1987. While carrying a ramp weighing approximately 100 pounds, he experienced low back pain. Past history includes lumbar fusion, 2006. According to a primary treating physician's progress report, dated January 15, 2015, the injured worker presented for a follow-up re-examination and refill of medications. He complains that the back pain is worse and he is only able to work a four-hour shift, three days a week and an hour shift, one day a week. He also complains the pain radiates now to the left leg instead of the right and he leans to the right unweighing the left lower extremity. Diagnoses are documented as s/p lumbar fusion; chronic lumbar spine pain with right leg radiculopathy and marked deficit of the left great toe. Treatment plan included requests for authorization for Norco, Elavil, Gabapentin and adding Tramadol, physical therapy, MRI lumbar spine and neuro-diagnostics of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Norco 10/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**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. In this case, the claimant had been on Norco for over a year. There was concern in Feb 2014 about oxycodone in the urine testing when not prescribed. Long-term use of Norco with continued pain requiring higher dose Tramadol is not indicated. The continued use of Norco is not medically necessary.

**Prescription of Tramadol 150mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/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 for several months including Tramadol and Norco. He had been on Tramadol previously without adequate pain relief along with Norco. The claimant was changed to Tramadol ER 150 mg daily. The continued use of Tramadol ER as above is not medically necessary.