

Case Number:	CM15-0042183		
Date Assigned:	03/12/2015	Date of Injury:	12/14/2007
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 12/14/2007. The current diagnoses are sprain/strain of the sacroiliac ligament, lumbar spine neuritis or radiculitis, and post laminectomy syndrome of the lumbar region. According to the progress report dated 1/13/2015, the injured worker complains of back pain. He describes the pain as sharp. On average, he rates the pain 6/10. The current medications are Norco and Soma. Treatment to date has included medications, MRI, Physical therapy, and surgical interventions. The plan of care includes Tramadol ER 200mg #60, Norco 10/325mg #90, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with back pain. The current request is for Tramadol ER 200mg #60. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The treating physician states on 1/13/15 (C5) "Patient is provided with the pain medication Tramadol 200mg." The treating physician continues "Patient has a toxicology screening positive for methamphetamine from sample 12/9/14. We are renewing pain management agreement and establishing a urinalysis for today's visit. We are requiring patient to have 2 clean toxicology screenings to be able to return afterwards to dispense Norco medication." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient has displayed aberrant behavior in the use of an illegal substance. The treating physician has chosen to withhold Norco until two clean toxicology screenings occur. Furthermore, there is no discussion regarding analgesia, ADLs, or adverse side effects. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the recommendation is for denial.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with back pain. The current request is for Norco 10/325mg #90. The treating physician states on 1/13/15 (C5) "Patient has a toxicology screening positive for methamphetamine from sample 12/9/14. We are renewing pain management agreement and establishing a urinalysis for today's visit. We are requiring patient to have 2 clean toxicology screenings to be able to return afterwards to dispense Norco medication." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient has displayed aberrant behavior in the use of an illegal substance. The treating physician has chosen to withhold Norco until two clean toxicology screenings occur. Furthermore, there is no discussion regarding analgesia, ADLs, or adverse side effects. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.

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