MAXIMUS Federal Services

Case Number:	CM15-0045078		
Date Assigned:	03/16/2015	Date of Injury:	12/05/2011
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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 61 year old female, who sustained an industrial injury on 12/5/11. She has reported injury after she was physically attacked by a client who punched her in the chest and she fell back against a door working as a nurse on a psychiatric ward. The diagnoses have included lumbar scoliosis, lumbar stenosis, lateral impingement L4-5 and L5-S1 and left leg radiculopathy. Treatment to date has included medications, diagnostics, injections, physical therapy and acupuncture. The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 1/9/14.The x-rays of the lumbar spine were performed on 12/18/14. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography was done on 2/20/15. Currently, as per the physician progress note dated 12/8/14, the injured worker complains of low back pain that refers down into the left leg and foot. She also has numbness and tingling in the foot and buttocks. Physical exam revealed that she uses a cane to ambulate, she hunches forward and compensates to the left. There was restricted lumbar range of motion and straight leg raise was positive on the left. There was numbness across the left foot and calf. She was not currently taking medications. The physician noted that she has had multiple injections with short term relief of pain. She has tried physical therapy multiple times and she has evidence of spinal instability. The physician noted that she would be a candidate for surgery. The physician requested treatments included Tramadol 150mg trial, #60, Valium 10mg, #60 and Norco 10/325mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg trial, #60: Upheld

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

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. In this case, the claimant had been on Tramadol since 2013 along with Norco. Although the pain returned while off medications, there was no indication of Tylenol failure. Long-term use of opioids is not indicated nor well studied. Continued use can lead to addiction and tolerance. The request for Tramadol is not medically necessary.

Valium 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because it efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant, and muscle relaxant. The claimant has a history of anxiety and has been on SSRI anti-depressants and Benzodiazepines since at least 2013. The continued and long term use of this class of medications including Valium is not medically necessary.

Norco 10/325mg, #90: 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 in combination with Tramadol without significant improvement in pain or function. Although the claimant was recently off of Norco, there was no mention of trial or failure of tricyclics, NSAIDS or Tylenol prior to escalating back to opioids. The continued use of Norco is not medically necessary.