

Case Number:	CM15-0053497		
Date Assigned:	03/27/2015	Date of Injury:	08/05/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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

Certification(s)/Specialty: Emergency Medicine

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 54 year old, male who sustained a work related injury on 8/5/14. The diagnoses have included lumbar vertebral compression fracture, lumbago and lumbar radiculopathy. Treatments have included physical therapy, MRI of lumbar spine on 10/29/14, medications and use of a brace. In the PR-2 dated 1/26/15, the injured worker complains of lower back pain that radiates down both legs, right worse than left. He states that prolonged sitting makes pain worse. He states easy walking and pain medications makes the pain better. He rates his pain a 2-3/10 with pain medications and an 8-9/10 without medication. He takes Norco and Tramadol which gives him about 80% pain relief. He has tenderness to pinpoint tenderness of L4 lumbar area. The range of motion with extension is decreased. The treatment plan is to continue Norco and Tramadol medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested Norco 10/325mg is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back pain that radiates down both legs, right worse than left. He states that prolonged sitting makes pain worse. He states easy walking and pain medications makes the pain better. He rates his pain a 2-3/10 with pain medications and an 8-9/10 without medication. He takes Norco and Tramadol, which gives him about 80% pain relief. He has tenderness to pinpoint tenderness of L4 lumbar area. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg is not medically necessary.

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113.

Decision rationale: The requested Tramadol 50mg is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back pain that radiates down both legs, right worse than left. He states that prolonged sitting makes pain worse. He states easy walking and pain medications makes the pain better. He rates his pain a 2-3/10 with pain medications and an 8-9/10 without medication. He takes Norco and Tramadol, which gives him about 80% pain relief. He has tenderness to pinpoint tenderness of L4 lumbar area. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg is not medically necessary.

