

<b>Case Number:</b>	CM15-0059488		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/03/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Ohio, North Carolina, Virginia  
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:

This 43-year-old male sustained an industrial injury to the low back on 5/3/08. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, lumbar laminectomy, epidural steroid injections, facet medial branch blocks, radiofrequency facet injections, home exercise, heat/ice, activity modification and medications. In a PR-2 dated 2/20/15, the injured worker complained of increased pain to the low back rated 5-7 on the visual analog scale. The injured worker reported that medications help to increase function and to increase activities of daily living. Documentation of the physical exam was illegible. Current diagnoses included lumbar spondylosis without myelopathy, bilateral lumbar facet syndrome, status post lumbar facet injection on 10/17/14 with failed conservative therapy times 12 weeks. The treatment plan included requesting authorization for bilateral radiofrequency facet neurotomy and continuing home exercise. On 2/23/15, a request for authorization was submitted for Norco and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QTY: 180.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement definition and Opioids Page(s): 1, 74-96.

**Decision rationale:** Those prescribed opioids chronically require ongoing assessment of pain relief, functional status, medication side effects, and any evidence of aberrant drug taking behavior. Opioids may generally be continued when the opioids produce pain relief and functional improvement and/or the injured worker has regained employment. Questions regarding pain should include least pain, average pain, worst pain, duration of analgesia, and time to onset of analgesia. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic- H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. In this instance, the progress notes have a couple of general statements that there have been improvements in activities of daily living and functionality. No specifics are provided suggesting what the injured worker can do as a consequence of the Norco, and what he cannot do without the medication. The progress notes provided do not contain pain scores with medication and without within the same note. It is unclear if the injured worker has returned to the workforce. Previous utilization reviewers have asked for additional information regarding functional improvement and have provided time for such documentation to arrive. Specific information regarding functional improvement is not found within the submitted medical record. Therefore, Norco 10/325mg QTY: 180.00 is not medically necessary in view of the submitted medical record and with reference to the mentioned guidelines.

**Tramadol 50mg QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement definition and Opioids Page(s): 1, 74-96.

**Decision rationale:** Those prescribed opioids chronically require ongoing assessment of pain relief, functional status, medication side effects, and any evidence of aberrant drug taking behavior. Opioids may generally be continued when the opioids produce pain relief and functional improvement and/or the injured worker has regained employment. Questions regarding pain should include least pain, average pain, worst pain, duration of analgesia, and time to onset of analgesia. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during

the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). In this instance, the progress notes have a couple of general statements that there have been improvements in activities of daily living and functionality. No specifics are provided suggesting what the injured worker can do as a consequence of the Tramadol, and what he cannot do without the medication. The progress notes provided do not contain pain scores with medication and without within the same note. It is unclear if the injured worker has returned to the workforce. Previous utilization reviewers have asked for additional information regarding functional improvement and have provided time for such documentation to arrive. Specific information regarding functional improvement is not found within the submitted medical record. Therefore, Tramadol 50 mg QTY: 90 is not medically necessary in view of the submitted medical record and with reference to the mentioned guidelines.