

Case Number:	CM15-0083684		
Date Assigned:	05/05/2015	Date of Injury:	07/29/2011
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old female, with a reported date of injury of 07/29/2011. The diagnoses include low back pain, sacroiliac joint pain, degenerative lumbar scoliosis, right greater than left lumbosacral radiculopathy, and lower extremity fasciculation. Treatments to date have included Norco, Lyrica, Lidocaine pain patches, Topamax, electrodiagnostic studies of the lower extremities, MRIs of the lumbar spine, and x-rays of the lumbar spine. The progress report dated 03/25/2015 indicates that the injured worker complained of back pain. She reported that the pain was at least 1 out of 10, and the pain at present was 5 out of 10. The physical examination showed palpable twitch positive trigger points in the muscles of the head and neck, decreased cervical spine range of motion with pain, pain on palpation on both sides at L3-S1 region, coccyx tenderness, positive twitch trigger points noted in the lumbar paraspinal muscles, an antalgic gait, and decreased lumbar spine range of motion with pain. The treating physician requested Ultram 50mg #60, with one refill and Norco 10mg #60. The treatment plan included the refill of the medications with a small increase in Norco, since there was no evidence of abuse, diversion, hoarding, or impairment. A urine drug screen was ordered. On 04/02/2015, Utilization Review (UR) modified the request to Ultram 50mg #30 and Norco 10mg #30 for weaning purposes. The UR physician noted that reductions in pain scores and objective functional gains were not addressed in the submitted documentation in significant details.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg tab 1 tablet twice a day prn for 30 day #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no documentation regarding side effects. Additionally, it appears the patient is taking two short-acting narcotics at the same time, with no explanation as to why this would be indicated. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.

Norco 10mg 325mg tablet 1-2 tablet twice a day prn for 30 days #60 tablet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no documentation regarding side effects. Additionally, it appears the patient is taking two short-acting narcotics at the same time, with no explanation as to why this would be indicated. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

