

<b>Case Number:</b>	CM15-0089964		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 33 year old male, who sustained an industrial injury on October 19, 2012. The injury occurred while the injured worker was lifting a sheet of drywall and experience mid and low back, pain. The diagnoses have included left lumbar radiculopathy, lumbar myofascial pain, chronic back pain and a history of cauda equina syndrome with resulting neurogenic bladder. Treatment to date has included medications, radiological studies, chiropractic treatments, trigger point injections, acupuncture treatments, a home exercise program and lumbar surgery. Current documentation dated April 15, 2015 notes that the injured worker reported intermittent left lower back pain, which radiated to the buttocks and lower extremity. Associated symptoms included intermittent burning and numbness to the last three toes on the left foot. Objective findings included lumbar muscle spasms, a mildly antalgic gait and decreased sensation in the left lumbar five dermatome. The injured workers current medication regime was noted to decrease the injured workers pain level. The pain level was noted to be zero to two out of ten on the visual analogue scale with medications and five out of ten without medications. The treating physician's plan of care included a request for Norco 5/325 mg # 30 and Ultram ER 100 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Norco 5/325mg #30: 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): 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 several months and was using it rarely (once a day as needed). There was no indication of failure of a reduced dose or Tylenol failure. Long-term use is not indicated and continued use is not medically necessary.

**One (1) prescription of Ultram ER 100mg #60: Upheld**

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

**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 good pain control on NSAIDs and Norco. The nephrologist had discontinued the NSAID. The physician requested an addition of Tramadol for pain control. There was no mention of a trial of Tylenol for pain control or a Tricyclic. A lower dose escalation attempt of Tramadol was also not noted. The request for Tramadol ER as above is not medically necessary.