

Case Number:	CM15-0243630		
Date Assigned:	12/23/2015	Date of Injury:	09/04/2012
Decision Date:	01/28/2016	UR Denial Date:	12/07/2015
Priority:	Standard	Application Received:	12/14/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 an industrial injury on 9-4-12. The documentation on 11-20-15 noted that the injured worker has complaints of left neck and shoulder pain that the injured worker rates as 4 out of 10 on visual analog scale with medication and increases to 8 out of 10 on visual analog scale without medication. There is palpable tenderness over the right S1 (sacroiliac) joint. Straight leg raise is positive for back pain only at 80 degrees. The diagnoses have included C4-7 disc degeneration; C4-7 facet arthropathy; L4-S1 (sacroiliac) facet arthropathy and right ankle degenerative joint disease. Treatment to date has included daily exercise program with good benefit; tramadol for mild to moderate pain; norco for severe pain and aquatic therapy. Current medications were listed as medrol; movantik; tramadol and norco. The injured worker has been on tramadol since at least 9-25-13 and norco since at least 6-22-15. The original utilization review (12-7-15) modified the request for tramadol 50mg #180 and norco 10-325mg #60 to tramadol 50mg #90 and norco 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list. Decision based on Non-MTUS Citation DEA Subchapter - Control and Enforcement, Part C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. In this injured worker, the prescription of tramadol is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation DEA, Subchapter I - Control and Enforcement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The prescription of norco is not medically necessary.