

Case Number:	CM14-0099861		
Date Assigned:	09/12/2014	Date of Injury:	07/17/2006
Decision Date:	10/10/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured worker's date of injury is 07/17/2006. The patient receives treatment for chronic low back pain having had three-level foraminotomy and decompression back surgery. The patient has not returned to work and is disabled. He wears a back brace, uses a TENS unit, and has bilateral radicular symptoms, left greater than right. On exam lumbar flexion is limited due to pain, there is lumbosacral tenderness, and straight leg raising causes pain bilaterally. Medications include: tramadol ER 150mg, Neurontin 600mg, Voltaren 100mg, and Remeron 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Page(s): 80-82.

Decision rationale: This patient's chronic pain is consistent with the diagnosis of failed back syndrome (or post-laminectomy syndrome). Clinical guidelines for chronic pain and opioid use now recommend focusing on outcomes measures, not just levels of pain and analgesia. Documentation ought to include: current pain, least reported pain, measures of functioning,

appropriate medication use, and any side effects. Numerous recent studies on chronic opioid use reveal that opioids do not achieve outcome goals that include pain relief, improved quality of life, or improved functional capacity. Based on the documentation, Norco is not medically necessary.

1 prescription for Tramadol ER 150 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: contains hydrocodone, another opioid. This patient's chronic pain is consistent with the diagnosis of failed back syndrome (or post-laminectomy syndrome). Clinical guidelines for chronic pain and opioid use now recommend focusing on outcomes measures, not just levels of pain and analgesia. Documentation ought to include: current pain, least reported pain, measures of functioning, appropriate medication use, and any side effects. Numerous recent studies on chronic opioid use reveal that opioids do not achieve outcome goals that include pain relief, improved functional capacity. Based on the documentation, tramadol ER is not medically necessary.