

Case Number:	CM14-0214296		
Date Assigned:	01/07/2015	Date of Injury:	08/02/2006
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 61-year-old woman with a date of injury of August 2, 2006. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar HNP; adjacent segment disease; and lumbar radiculopathy. Pursuant to the most recent progress report in the medical record dated October 17, 2014, the IW reports that her pain is increasing and it has gotten worse above the waist. She continues to have low back pain located over the tailbone. The low back pain is rated 5/10 and described as intermittent sharp spasm. She denies any numbness or weakness in the bilateral lower extremities. She states her right leg pain is now resolved. Objective physical findings reveals diffuse tenderness to palpation of the lumbar spine. Her gait is normal and non-antalgic. Range of motion is decreased. She has decreased sensation to the right L3 and L5 dermatomes. She is taking Norco, Flexeril, and Prilosec. She discontinued her Pamelor and is now taking Elavil. The IW noted some memory issues since taking Elavil. The IW has been taking Norco since February 12, 2014. It is unclear if this was a new prescription or a refill. There were no detailed pain assessments in the medical record. There was no evidence of objective functional improvement associated with the ongoing use of Norco. On October 17, 2014, the treating physician added Tramadol/APAP (Ultracet) 37.5/325mg to the medical regimen for severe pain. The current request is for Tramadol/APAP 37.5/325mg #90, and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, tramadol/APAP 37.5/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response may be indicated by the patient's decreased pain, increase level of function or improve all of your life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are lumbar herniated disc; adjacent segment disease; and lumbar radiculopathy. Documentation indicates the injured worker has been taking Norco since February 12 of 2014. The documentation does not contain evidence of objective functional improvement with regard to Norco. The injured worker symptoms worsened and the treating physician started a trial of tramadol on October 17, 2014. Tramadol is indicated for short-term (up to five days) relief of moderate to severe acute pain. However, the treating physician prescribed a quantity in excess of that recommended by the guidelines. The injured worker is now taking two opiates without a clinical rationale/indication for its use. Consequently, absent clinical documentation for the ongoing use of tramadol in excess of the recommended five days, tramadol/APAP 37.5/325 mg #90 is not medically necessary.

Norco 10/325 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response may be indicated by the patient's decreased pain, increase level of function or improve all of your life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be

contingent on meeting those goals. In this case, the injured worker's working diagnoses are lumbar herniated disc; adjacent segment disease; and lumbar radiculopathy. Documentation indicates the injured worker has been taking Norco since February 12 of 2014. The documentation does not contain evidence of objective functional improvement. Moreover, the injured worker symptoms worsened and the treating physician started the trial of tramadol. The injured worker is now taking two opiates without a clinical rationale/indication for its use. Consequently, absent clinical documentation for the ongoing use of Norco, evidence of objective functional improvement and the addition of a second opiates, Norco 10/325 mg #90 is not medically necessary.