

<b>Case Number:</b>	CM15-0004173		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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 a 51 year old female, who sustained an industrial injury on 5/14/2007. The diagnoses have included thoracic disc displacement, intervertebral disc disorder with myelopathy, lumbar region, and sacroiliitis. Treatment to date has included conservative measures. The claimant has been on Norco for pain since at least 2011 at which cervical flexion was 75% of normal and extension was 50% of normal. There was pain over the cervical facet joints. She had been on Naproxen and Ultram (since at least December 2013). The handwritten PR2 reports were largely illegible, including the report dated 12/18/2014. Per the progress report, dated 9/25/2014, the injured worker complains of continued neck pain and stable upper and lower extremity pain. Significant ossification of the posterior longitudinal ligament (OPPL) was documented, causing significant compression with early clinical myelopathy. Physical exam of the cervical spine noted pain to palpation over C3-C6, especially over the facet joints. Flexion was 75% of normal and extension 50%. The lumbar spine showed pain to palpation over L4-S1 and paraspinal muscle spasms. Range of motion was limited due to pain. A "stable neurologic condition at this time" was documented. Options for surgery were discussed and recommendations for continued observation and monitoring were noted. Magnetic resonance imaging and computerized tomography reports (4/03/2014) were referenced and showed OPPL C2-3 measures 7mmx17mm, noting 1mm increase from 2011 studies. A specified current medication schedule was not documented. On 12/24/2014, Utilization Review non-certified a prescription for Tramadol 50mg #180, and modified a request for Norco 10/325mg #180 to Norco 10/325mg #120, citing MTUS Chronic Pain Medical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**180 Norco 10/325mg:** Upheld

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

**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 years without significant improvement in pain or function. It was combined with another opioid (Tramadol) for several months. No one opioid is superior to another. There was no indication of combining multiple opioids. Recent pain scores were not documented or individual response to medication. Long-term use of opioids leads to tolerance and addiction. The continued use of Norco is not medically necessary.

**180 Tramadol 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids/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. Although it may be a good choice in those with back pain, the claimant's pain persisted over time while on the medication. It was combined with another opioid (Norco) for several months. No one opioid is superior to another. There was no indication of combining multiple opioids. Recent pain scores were not documented or individual response to medication. Long-term use of opioids leads to tolerance and addiction. The continued use of Tramadol as above is not medically necessary.