

Case Number:	CM15-0110354		
Date Assigned:	06/16/2015	Date of Injury:	05/03/2008
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male who sustained an industrial injury on 05/03/2008. Mechanism of injury was cumulative trauma occurring in his job as a police officer. Diagnosis is lumbar spondylosis. Treatment to date has included diagnostic studies, medications, radiofrequency right lumbar facet neurotomy at L3-4, L4-5 and L5-S1 under fluoroscopy, lumbar epidural injections, physical therapy, home exercise program, radiofrequency ablation to the right lumbar facet at L4-5, L5-S1. A physician progress note dated 05/11/2015 documents the injured worker complains of lower back pain that he describes as throbbing and shooting. He rates his pain as 6 out of 10. There is decreased lumbar range of motion. Medications help with his pain and he has no side effects. He is working. The treatment plan includes urine drug screen done on 05/11/2015, and laboratory studies. Treatment requested is for Norco 10/325mg Quantity 180, and Tramadol ER 100mg Quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg qty: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in May 2008 and continues to be treated for low back pain. Medications are referenced as providing up to 70 percent pain relief with improved function and activities of daily living. The claimant is noted to be working. When seen, there was decreased lumbar spine range of motion. There was a sacroiliac joint tenderness with positive Patrick and Gaenslen testing. Extended release Tramadol and Norco were being prescribed at a total MED (morphine equivalent dose) of 80 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Norco 10/325mg qty: 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in May 2008 and continues to be treated for low back pain. Medications are referenced as providing up to 70 percent pain relief with improved function and activities of daily living. The claimant is noted to be working. When seen, there was decreased lumbar spine range of motion. There was a sacroiliac joint tenderness with positive Patrick and Gaenslen testing. Extended release Tramadol and Norco were being prescribed at a total MED (morphine equivalent dose) of 80 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.