MAXIMUS Federal Services

Case Number:	CM15-0111127		
Date Assigned:	06/17/2015	Date of Injury:	11/04/2008
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old male, who sustained an industrial injury on 11/04/2008. He has reported subsequent low back and bilateral lower extremity pain and was diagnosed with status post right L4-L5, L5-S1 lumbosacral laminectomy/discectomy with successful removal of disc and decompression of nerve roots, L4-S1 collapse, loss of interspace height and modic changes corresponding with foraminal stenosis and nerve root foraminal entrapment, partially lumbarized S1 on the right, persistent right foot drop and chronic right L5-S1 lumbar radiculopathy. Treatment to date has included medication and surgery. In a progress note dated 04/30/2015, the injured worker complained of shooting pains in the left dorsolateral thigh, calf and ankle and muscle spasms through the mid back to upper back to the sides as well as shooting pain in the right buttock, right thighs and ankle and toes intermittently. Objective findings were notable for diminished right toe walking and heel walking, inability to complete right toe raise or deep knee bending, broad based gait, trace knee and ankle reflexes and right leg weakness. The pain rating before and after the use of pain medication was not specified and it's unclear as to the length of time that the injured worker had been taking Norco and Tramadol medications. A request for authorization of Norco and Tramadol was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60 (1 tablet twice daily as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2008 without acute flare, new injury, or progressive deterioration. The Norco 10/325mg, #60 (1 tablet twice daily as needed) is not medically necessary and appropriate.

Tramadol 50mg, #60 (1 tablet twice daily as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of two short-acting opioids (Norco and Tramadol) with persistent severe pain. Tramadol 50mg, #60 (1 tablet twice daily as needed) is not medically necessary and appropriate.