

Case Number:	CM15-0111781		
Date Assigned:	06/18/2015	Date of Injury:	10/27/2005
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: Preventive Medicine, Occupational 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 46-year-old female injured worker suffered an industrial injury on 10/27/2005. The diagnoses included depressive disorder, lumbar facet arthropathy, lumbar radiculopathy, cervicgia and chronic pain. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with TENS, and medications. On 4/15/2015, the treating provider reported lower back pain radiating down the left lower extremity along with ongoing frontal headaches. The pain without medications was 10/10 and with medications 8 to 9/10. On exam, the lumbar spine had spasms and tenderness with reduced range of motion along with facet signs. The treatment plan included Norco, Tramadol and Fioricet. She is reported to be currently working and several measures of function are improved with opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioids when there is meaningful pain relief, support of function (best evidenced by return to work) and a lack of drug related aberrant behaviors. This individual meets these Guideline criteria. The pain relief is not great, but is reported to be beneficial/meaningful, function is improved by the opioid use as evidenced by continued work and improved ADL tolerance. No aberrant behaviors are reported. Under these circumstances, the Norco 10/325 mg #120 with 1 refill is supported by Guidelines and is medically necessary.

Tramadol extended release 100 mg #30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 111-113.

Decision rationale: MTUS Guidelines support the careful use of opioids when there is meaningful pain relief, support of function (best evidenced by return to work) and a lack of drug related aberrant behaviors. Guidelines also support at least a trial of short and long acting opioids when the pain is severe. This individual meets these Guideline criteria for at least a trial of Tramadol ER. The pain relief with opioids is not great, but is reported to be beneficial/meaningful, function is improved by the opioid use as evidenced by continued work and improved ADL tolerance. No aberrant behaviors are reported. Under these circumstances, the Tramadol extended release 100 mg #30 with 1 refill is supported by Guidelines and is medically necessary.

Fioricet 20/325/4 mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics Page(s): 23.

Decision rationale: MTUS Guidelines directly address this issue and the use of this class of medications is not recommended on a long-term basis. There are no unusual circumstances to justify an exception to Guidelines. Fioricet 20/325/4 mg #30 with 1 refill is not supported by Guidelines and is not medically necessary.