

<b>Case Number:</b>	CM15-0113084		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	01/28/1993
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 69 year old male, who sustained an industrial injury on 01/28/1993. He reported injuring his neck, back, and left knee while at work. The injured worker is currently not working and permanent and stationary. The injured worker is currently diagnosed as having cellulitis in buttocks, cervical sprain with radicular symptoms, chronic pain, complaints of bilateral knee pain, lumbosacral sprain with radicular symptoms, opioid dependence, history of recurrent infections to lumbar spine wound, status post lumbar fusion with instrumentation to L4-S1. Treatment and diagnostics to date has included lumbar spine surgery, left knee surgery, and medications. In a progress note dated 05/29/2015, the injured worker presented with complaints of ongoing low back and neck pain. Objective findings include restricted range of motion of the lumbar spine with pain. The treating physician reported requesting authorization for Norco and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 91.

**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 over 6 months without significant improvement in pain or function. There was no mention of Tylenol or NSAID failure. The continued use of Norco is not medically necessary.

**Tramadol 50mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 was persistent while on the Tramadol and Norco. He had been on the maximum dose with recent increase in frequency since earlier use 6 months ago- indicating tolerance. The continued use of Tramadol as above is not medically necessary.