

Case Number:	CM15-0117069		
Date Assigned:	06/25/2015	Date of Injury:	05/29/2012
Decision Date:	08/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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: 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 53 year old female who sustained an industrial injury on 05/29/12. Treatments to date include medications, physical therapy, and back surgery. Current complaints include back pain. Current diagnoses include lumbago, sacroiliac joint pain, and lumbar radiculitis. In a progress note dated 04/30/15 the treating provider reports the plan of care as bilateral sacroiliac injections, physical therapy, and medication including Norco, Tramadol, and Lyrica. The requested treatments include Norco and tramadol, as well as post injection physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 10/325mg, #120: Upheld

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): 74-96.

Decision rationale: The long term use of opioids is not supported by the MTUS guidelines due to the development of habituation and tolerance. In addition, the medical records do not establish significant objective functional benefit from the ongoing utilization of Norco. The ongoing use of Norco is therefore not supported. The medical records note that Utilization Review has allowed for modification to allow for weaning of Norco 10/325 mg #120. The request for Pharmacy purchase of Norco 10/325mg, #120 is not medically necessary or appropriate.

Tramadol 50mg, #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 93, 74-75.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. The injured worker is diagnosed with chronic low back pain and radiculitis. The request for Tramadol 50 mg #120 is medically necessary and appropriate.

Outpatient post injections physical therapy six (6) visits to lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Physical Medicine.

Decision rationale: The Official Disability Guidelines recommend 1-2 sessions of physical therapy post injection. The medical records note that modification has been made to allow two sessions of physical therapy post the approved injection. These sessions should suffice to re-education the injured worker in a home exercise program. The request for Outpatient post injections physical therapy six (6) visits to lumbar is not medically necessary or appropriate.