

Case Number:	CM15-0117180		
Date Assigned:	06/25/2015	Date of Injury:	08/04/2008
Decision Date:	07/27/2015	UR Denial Date:	06/04/2015
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: 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 injured worker is a 58-year-old male, who sustained an industrial injury on August 4, 2008. The injured worker was diagnosed as having thoracic and lumbar strain/sprain, left lower extremity radiculopathy, sexual dysfunction, medication induced gastritis and reactionary depression and anxiety. Treatment to date has included injections and medication. A progress note dated May 19, 2015 provides the injured worker complains of back pain occasionally radiating to left leg. He reports trigger point injections are the best treatment he has had. He reports gastroesophageal reflux disease (GERD) symptoms. He also reports 40-50% relief of pain lasting five to six hours with use of pain medication. Ambulation is assisted with the use of a cane. Physical exam notes an antalgic gait. The lumbar area is tender on palpation with trigger points and decreased range of motion (ROM). There is decreased sensation of the left leg and positive straight leg raise. There is an area of erythema on the left leg with some open wounds. Magnetic resonance imaging (MRI), electromyogram and nerve conduction studies were reviewed. The plan includes home exercise program (HEP), continued trigger point injections, Ultracet, Norco, Anaprox, Prilosec and Prozac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Although there is some pain relief noted, there is no objective evidence of functional improvement with the use of this medication. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdraw symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultracet 37.5/325mg #60 is determined to not be medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/APAP.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period with some subjective pain relief out no objective documentation of functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #60 is determined to not be medically necessary.