

Case Number:	CM15-0122268		
Date Assigned:	07/08/2015	Date of Injury:	01/10/2012
Decision Date:	08/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/24/2015

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 60-year-old male who sustained an industrial injury on 1/10/12. Diagnoses are discogenic thoracic condition with facet inflammation and discogenic lumbar condition with facet inflammation. In a progress report dated 2/23/15, the physician notes tenderness across the lumbar paraspinal muscles and pain with facet loading. He does have an element of stress, depression, and insomnia. Medications will include Effexor, Topamax, Nalfon, and Protonix. In a note dated 5/7/15, the treating physician reports the injured worker's wife passed away and he was unable to come to his appointment. He has not had any medications since 2/24/15. He complains of mid and low back pain. Exam notes tenderness across the thoracic and lumbar paraspinal muscles bilaterally, pain along the facets and pain with loading. The treatment plan is Tramadol ER, Naproxen, Protonix, Mirtazipine, and Norco for moderate to severe pain, and Effexor for depression. He will continue with home stretching exercises. A urine drug screening is noted on 12/9/14. He is not currently working. Previous treatment includes physical therapy, chiropractics, transcutaneous electrical nerve stimulation, brace, and medication. The requested treatment is Norco 10/325mg quantity 120 and Tramadol ER (extended release) 150mg quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

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

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

Decision rationale: Previous utilization for Norco was modified to authorize for weaning purposes and the provider has noted the patient not taking any medications since February 2015. MTUS Guidelines cite 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 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 2012 without new injury, or progressive deterioration. The Norco 10/325 mg Qty 120 is not medically necessary and appropriate.

Tramadol ER (extended release) 150 mg Qty 30: 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, page(s) 74-96.

Decision rationale: Review indicates the Tramadol has not been taken since February 2015 without need for tapering. Pain symptoms and clinical findings remain unchanged for this chronic injury. 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. 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 2012. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without new injuries, or progressive

clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Tramadol ER (extended release) 150 mg Qty 30 is not medically necessary and appropriate.