

<b>Case Number:</b>	CM15-0122392		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New York  
 Certification(s)/Specialty: Pediatrics, Internal 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 54 year old male, who sustained an industrial injury on 2/18/04. He reported injuries to his neck and lumbar spine following a fall 3-3 ½ feet from a ladder onto a cement floor. The injured worker was diagnosed as having degenerative disc disease at L4-5 and L5-S1 with bilateral neuroforaminal narrowing, advanced multilevel degenerative disc disease at C6-7 and C7-T1 with neuroforaminal stenosis and status post cervical spine fusion C4-5 and C5-6. Treatment to date has included cane for ambulation, oral medications including Norco, Tramadol and Gabapentin; cervical spine surgery, lumbar spine surgery, cervical epidural steroid injection, physical therapy and activity restrictions. Currently on 5/14/15, the injured worker complains of moderate to severe neck pain rated 6-7/10, described as constant with radiation to bilateral upper extremities, associated with numbness, tingling, burning, stabbing, electrical and sharp pain with stiffness, occasional locking and popping sensations and severe lumbar spine rated 7/10 described as constant with radiation to bilateral lower extremity, primarily left side, associated with numbness, tingling, throbbing, electrical, dull and sharp pain, along with a stiffness sensation and giving way of left side. He has been medically retired as of 5/2011. Physical exam performed on 5/14/15 revealed large surgical scar of cervical region, restricted range of motion of cervical spine with moderate tenderness to palpation over the spinous processes of C6-7 and physical exam of lumbar spine revealed a healed surgical scar, restricted range of motion, antalgic gait and ambulation with a cane. The treatment plan included refilling of: Tramadol 50mg, Gabapentin 600mg and Norco 10/325mg, laboratory studies, pain management consultation and a follow up appointment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 10-325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Preoperative Lab Testing.

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

**Decision rationale:** According to the CA MTUS, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit, intensity of pain after taking the opioid or documentation of a urine drug screening. The injured worker is medically retired. He has taken Norco for greater than 6 months. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested Norco is not medical necessary.

**Tramadol HCL 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Preoperative Lab Testing.

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

**Decision rationale:** According to MTUS guidelines, use of opioids requires is ongoing review and documentation of pain relief and improved functional status. The injured worker had been prescribed Tramadol ER for greater than 6 months. The MTUS recommends prescribing according to function with specific functional goals, random drug testing, intensity of pain following opioids and length of time relief of pain lasted following opioids; these were not documented. The MTUS recommends monitoring including assessment for adverse effects and aberrant drug-taking behaviors; these were also not documented. It is noted a pain contract was signed. The injured worker is medically retired. Therefore, the request for Tramadol ER is not medically necessary.

