

Case Number:	CM15-0127531		
Date Assigned:	07/14/2015	Date of Injury:	04/18/2002
Decision Date:	08/10/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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, Indiana, New York
 Certification(s)/Specialty: 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 38 year old female , who sustained an industrial injury on 4/18/2002. She reported pain in her right wrist. Diagnoses have included lumbar disc displacement, spasm of muscle and thoracic/lumbosacral radiculopathy. Treatment to date has included surgery, physical therapy, chiropractic treatment, epidural steroid injection and medication. According to the progress report dated 6/17/2015, the injured worker complained of numbness and tingling down the left arm. She reported having severe pain in her left side low back a few days ago. She reported that the radicular pain she had going down both lower extremities had subsided 90% since having bilateral transforaminal epidural steroid injections on 5/5/2015. Exam of the lumbar spine revealed mild to moderate tenderness with slight muscle spasm in the left low back at the sacroiliac joint region. Authorization was requested for Norco and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar disc displacement; spasm of muscle; and thoracic/lumbosacral radiculopathy. Date of injury is April 18, 2002. The request for authorization is June 18, 2015. The injured worker injured both shoulders and has seen multiple providers. Chronic opiates have been used as far back as 2009. In 2009, Vicodin and Kadian were prescribed. In 2013, current medications include Percocet, Norco, Soma, Norflex, oxycodone and Butrans. On March 6, 2015, current medications include gabapentin, Fenoprofen, cyclobenzaprine, Norco 10/325mg and Tramadol. According to a June 17, 2015 progress note, subjectively the injured worker complained of chronic pain flare-ups. There were no VAS pain scores in the documentation. There was numbness tingling on the left. Objectively, it was negative straight leg raising and no shoulder examination. There was no documentation demonstrating objective functional improvement to support ongoing Norco 10/325mg. There were no detailed pain assessments and no risk assessments. Consequently, absent compelling clinical documentation demonstrating objective functional improvement, subjective VAS pain scores, detailed pain assessments and risk assessments, Norco 10/325mg # 90 is not medically necessary.

Ultram 150 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93 - 94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 150mg #30 is not medically necessary. Ongoing, chronic opiate use requires I will you and you and ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with

evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar disc displacement; spasm of muscle; and thoracic/lumbosacral radiculopathy. Date of injury is April 18, 2002. The request for authorization is June 18, 2015. The injured worker injured both shoulders and has seen multiple providers. Chronic opiates have been used as far back as 2009. In 2009, Vicodin and Kadian were prescribed. In 2013, current medications include Percocet, Norco, Soma, Norflex, oxycodone and Butrans. On March 6, 2015, current medications include gabapentin, Fenoprofen, cyclobenzaprine, Norco 10/325mg and Tramadol. According to a June 17, 2015 progress note, subjectively the injured worker complained of chronic pain flare-ups. There were no VAS pain scores in the documentation. There was numbness tingling on the left. Objectively, it was negative straight leg raising and no shoulder examination. There was no documentation demonstrating objective functional improvement to support ongoing Tramadol 150 mg. There were no detailed pain assessments and no risk assessments. Consequently, absent compelling clinical documentation demonstrating objective functional improvement, subjective VAS pain scores, detailed pain assessments and risk assessments, Ultram 150 mg # 30 is not medically necessary.