

Case Number:	CM15-0146857		
Date Assigned:	08/07/2015	Date of Injury:	10/19/2010
Decision Date:	12/14/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old man sustained an industrial injury on 10-19-2010. Diagnoses include thoracic or lumbosacral neuritis, lumbar spinal stenosis, and lumbar degenerative intervertebral disc. Treatment has included oral medications including Gabapentin, Naproxen, Tramadol, Norco, Prilosec, and Fexmid, and physical therapy. Physician notes dated 6-18-2015 show complaints of neck pain. The physical examination shows no edema, deformities, weakness, tenderness to palpation, or neurological deficits of the cervical or lumbar spine. Recommendations include continue and complete physical therapy, transition to home exercise program, and follow up in three months. Current medications are listed as "active", however, no prescriptions are noted to be issued at this visit. Utilization Review denied requests for Norco and Tramadol on 7-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in October 2010 and underwent a cervical spine fusion in September 2014. He had postoperative physical therapy beginning in October 2014 and, as of 06/18/15 had completed 21 postoperative treatment sessions. When seen by the requesting provider he had been doing well but was involved in a rear end motor vehicle accident in May 2015 and had ongoing neck stiffness. Pain scores were not recorded. Active medications included Norco and extended release tramadol prescribed in September and October 2014. He was continuing to receive physical therapy but had been set back after the accident. An x-ray of the cervical spine in June 2015 showed findings of a stable fusion. A normal physical examination is documented. Recommendations included transition to a home exercise program. Authorization is being requested for Norco and tramadol at a total MED (morphine equivalent dose) of 100 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Tramadol 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in October 2010 and underwent a cervical spine fusion in September 2014. He had postoperative physical therapy beginning in October 2014 and, as of 06/18/15 had completed 21 postoperative treatment sessions. When seen by the requesting provider he had been doing well but was involved in a rear end motor vehicle accident in May 2015 and had ongoing neck stiffness. Pain scores were not recorded. Active medications included Norco and extended release tramadol prescribed in September and October 2014. He was continuing to receive physical therapy but had been set back after the accident. An x-ray of the cervical spine in June 2015 showed findings of a stable fusion. A normal physical examination is documented. Recommendations included transition to a home exercise program. Authorization is being requested for Norco and tramadol at a total MED (morphine equivalent dose) of 100 mg per day. Tramadol is an immediate release short acting medication used for intermittent or breakthrough pain. Medications also include Norco at an MED of 10 mg versus the MED of 40 mg per dose of tramadol that is being requested. In terms of this request, although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that tramadol has provided decreased pain through documentation of VAS pain scores or specific examples of how this medication has resulted in an increased level of function or improved quality of life. There is no rationale given for prescribing two immediate release medications rather than adjusting the claimant's sustained release tramadol and it is likely that prescribing extended release tramadol was intended. The request that was submitted cannot be accepted as being medically necessary.