

Case Number:	CM15-0170331		
Date Assigned:	09/10/2015	Date of Injury:	07/25/2008
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 36 year old female who sustained an industrial injury on July 25, 2008. A recent primary treating office visit dated June 19, 2015 reported subjective complaint of low back and leg pains. She states taking the following: "Nucynta ER, Norco, Ibuprofen, and Lyrica." The impression noted the worker with chronic pain syndrome; insomnia due to medical condition; degenerative disc disease, lumbar; myalgia; dysthymic disorder, and numbness. There is note of pending authorization to administer an injection lumbar facet. There is mention of her having reaction to steroid in the past. The plan of care noted prescribing current medications and returning to a modified work duty. Previous trialed therapy to include: physical therapy, aqua therapy, acupuncture, chiropractic care and injections. Follow up in August 2015 reported a trial of Ultram ER being dispensed and she is taking less Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months in combination with Tramadol. There was no mention of Tylenol, Tricyclic or weaning failure. There was no indication for multiple opioids and the claimant was also on Nucynta in the prior months. The continued and chronic use of Norco is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on opioids for several months. Long-term use is not recommended and the claimant had been on Tramadol along with Norco. Multiple opioids are not indicated. There was no indication of Tricyclic or Tylenol failure. The claimant had been on the maximum dose of Tramadol without mention of titration. The continued use of Tramadol ER as prescribed is not medically necessary.