

Case Number:	CM15-0065324		
Date Assigned:	04/13/2015	Date of Injury:	10/20/2010
Decision Date:	05/15/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/07/2015

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 66 year old female, who sustained an industrial injury on 10/20/10. The injured worker has complaints of chronic, severe pain in the lower left extremity which includes her left foot, knee and hip. The diagnoses have included lumbar radiculopathy and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included medications; massage; physical therapy; chiropractor; epidural injections; X-rays; lumbar magnetic resonance imaging (MRI); electromyography and electrocardiogram. The documentation noted that norco has been beneficial, bringing her pain to a tolerable level, however, she does experience severe headaches as a result of this medications. The request was for norco and tramadol HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325MG #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 03/13/15 with lower back pain which radiates into the left lower extremity, including the left hip, left knee, and left foot. The pain is noted to radiate from the left hip into the foot and is associated with numbness and tingling of the extremity. The patient's date of injury is 10/20/10. Patient is status post epidural steroid injections at unspecified levels and dates, status post left knee arthroscopy at a date unspecified. The request is for NORCO 10-325MG #180. The RFA is date 03/16/2015. Progress note dated 03/13/15 does not include any positive physical findings, only a discussion of medication regimen, interval history, and mechanism of injury. The patient is currently prescribed Norco, Tizanidine, Cytomel, Synthroid, Diovan, and Atenolol. Diagnostic imaging include lumbar MRI dated 11/17/14, significant findings include: "multilevel DDD with severe facet osteoarthritis... There is L>R foraminal stenosis as a result of the combination of facet OA/Osteophyte formation and lateral disc bulges..." Patient is currently classified as temporarily totally disabled. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids: Therapeutic Trial of Opioids, also requires documentation of the 4As: analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Norco for the management of this patient's intractable pain, the request is appropriate. Progress report dated 03/13/15 states that Norco reduces this patient's pain level by 30 percent, and states that it allows her to perform home exercises and increases her overall mobility. The same progress note documents a lack of aberrant behavior and consistent urine drug screens to date, though the associated toxicology reports were not provided. Given the documentation of pain relief, functional improvement, consistent UDS, and a lack of aberrant behaviors or adverse effects as specified by MTUS, continuation of this medication is appropriate. The request IS medically necessary.

TRAMADOL HCL 50MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents on 03/13/15 with lower back pain which radiates into the left lower extremity, including the left hip, left knee, and left foot. The pain is noted to radiate from the left hip into the foot and is associated with numbness and tingling of the extremity. The patient's date of injury is 10/20/10. Patient is status post epidural steroid injections at unspecified levels and dates, status post left knee arthroscopy at a date unspecified. The request is for TRAMADOL HCL 50MG #120. The RFA is date 03/16/2015. Progress note dated 03/13/15 does not include any positive physical findings, only a discussion of medication regimen, interval history, and mechanism of injury. The patient is currently prescribed Norco, Tizanidine, Cytomel, Synthroid, Diovan, and Atenolol. Diagnostic imaging include lumbar MRI

dated 11/17/14, significant findings include: "multilevel DDD with severe facet osteoarthritis... There is L>R foraminal stenosis as a result of the combination of facet OA/Osteophyte formation and lateral disc bulges..." Patient is currently classified as temporarily totally disabled. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids: Therapeutic Trial of Opioids, also requires documentation of the 4As: analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain." In regard to the initiating prescription of Tramadol for this patient's chronic intractable pain, the request is appropriate. Progress report dated 03/03/15 reports a 30 percent reduction in pain attributed to narcotic medications, provides specific functional improvements, indicates consistent UDS to date, and discusses a lack of aberrant behavior. This is the initiating prescription of Tramadol, as it is not listed among this patient's medications in the prior report, which is dated 02/13/15. The requesting provider apparently seeks Tramadol as an adjunct for breakthrough pain given that Norco alone only reduces her pain from 10/10 to 7/10. The records provide adequate documentation of the 4A's to continue Norco, therefore Tramadol as an adjunct for breakthrough pain is appropriate. The request IS medically necessary.