

Case Number:	CM15-0071242		
Date Assigned:	04/21/2015	Date of Injury:	05/02/2012
Decision Date:	05/19/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/14/2015

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 42 year old male, who sustained an industrial injury on 5/2/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar sprain/strain, lumbosacral disc disease and thoracic/lumbosacral neuritis/radiculitis. Lumbar magnetic resonance imaging showed disc bulging. Treatment to date has included therapy and medication management. In a progress note dated 2/16/2015, the injured worker complains of continued low back pain. The treating physician is requesting Norco and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

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 5/325mg # 60 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 by the 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 lumbosacral sprain/strain. The second diagnosis in the most recent progress note dated February 16, 2015 is illegible. The date of request is April 1, 2015. The utilization review dated March 10, 2015 certified Norco 5/325 mg on the condition Norco is weaned and discontinued. Utilization review dated March 10, 2015 certified Tramadol 50 mg on the condition tramadol is weaned and discontinued. There was no evidence of weaning in the medical record. There are no detail pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation evidencing objective functional improvement in the medical record. There is an inconsistent urine drug toxicology screen that showed cyclobenzaprine, amitriptyline and nortriptyline. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessments and detailed pain assessments with no evidence of weaning (per utilization review), Norco 5/325 mg #60 is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

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, Tramadol 50mg #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 by the 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 lumbosacral sprain/strain. The second diagnosis in the most recent progress note dated February 16, 2015 is illegible. The date of request is April 1, 2015. Utilization review dated March 10, 2015 certified Tramadol 50 mg on the condition tramadol is weaned and discontinued. There was no evidence of weaning in the medical record. There are

no detail pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation evidencing objective functional improvement in the medical record. There is an inconsistent urine drug toxicology screen that showed cyclobenzaprine, amitriptyline and nortriptyline. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessments and detailed pain assessments with no evidence of weaning (per utilization review), Tramadol 50 mg #90 is not medically necessary.