

Case Number:	CM15-0071873		
Date Assigned:	04/22/2015	Date of Injury:	09/14/2006
Decision Date:	05/20/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/15/2015

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: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on September 14, 2006. The injured worker was diagnosed as having lumbar back pain, lumbar back pain with radiculopathy, lumbar spinal stenosis, lumbar spine degenerative disc disease, numbness, facet arthropathy, depression, and obesity. Treatment to date has included lumbar epidural steroid injection (ESI), heat, and medication. Currently, the injured worker complains of worsening of lower back pain with radicular complaints down the legs, with leg pain worse on the right than the left, bilateral buttock pain, bilateral hip pain, bilateral knee pain, bilateral ankles/feet pain, and groin pain. The Treating Provider's report dated March 16, 2015, noted the injured worker underwent a right side lower lumbar epidural steroid injection (ESI) on January 9, 2015, with six weeks of significant pain relief and increased functionality reported. The injured worker was noted to have worsening frequency of pain and spasms. The injured worker's medications were noted to include Tramadol HCL ER, Norco, Gabapentin, Skelaxin, Meloxicam, and Lidoderm patches. The treatment plan was noted to include review and refilled medications, and request for authorization for repeat right L4-L5 and L5-S1 transforaminal epidural steroid injection (ESI). Meaningful pain relief and functional support is documented.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioid medications when there is meaningful pain relief, functional support and the lack of drug related aberrant behaviors. Urine drug screening and opioid contracts are recommended as good medical practice, but they are not an absolute standard or mandatory for prescribing opioids. The mandatory issues of meaningful pain relief, functional support and lack of aberrant behaviors is adequately documented. The Norco 10/325mg. #180 is supported by Guidelines and is medically necessary.

Tramadol HCL ER 100mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioid medications when there is meaningful pain relief, functional support and the lack of drug related aberrant behaviors. Urine drug screening and opioid contracts are recommended as good medical practice, but they are not an absolute standard or mandatory for prescribing opioids. The mandatory issues of meaningful pain relief, functional support and lack of aberrant behaviors is adequately documented. The Tramadol HCL ER 100mg #60 is supported by Guidelines and is medically necessary