

Case Number:	CM15-0071902		
Date Assigned:	04/22/2015	Date of Injury:	09/28/2001
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
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: Emergency 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 52 year old male, who sustained an industrial injury on 9/28/2001. Diagnoses include lumbar sprain/strain, lumbar facet arthropathy and lumbar stenosis. Treatment to date has included diagnostics, medications, epidural steroid injections and activity modification. Per the Primary Treating Physician's Progress Report dated 3/31/2015 the injured worker reported lower back pain with radiation down to the left foot. Physical examination revealed 5/5 strength in the bilateral lower extremities, positive straight leg raise on the left at 30-45 degrees in the L4 distribution, decreased sensation left L4 dermatome, moderate pain with lumbar extension, palpable spasms in the bilateral lumbar paraspinal musculature with positive twitch response and antalgic gait on the left. The plan of care included medications and authorization was requested for Nortriptyline 25mg #30, Amitiza 24mcg #60, Tramadol 50mg #180 and Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol 50 mg, 180 count, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first- line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back pain with radiation down to the left foot. Physical examination revealed 5/5 strength in the bilateral lower extremities, positive straight leg raise on the left at 30-45 degrees in the L4 distribution, decreased sensation left L4 dermatome, moderate pain with lumbar extension, palpable spasms in the bilateral lumbar paraspinal musculature with positive twitch response and antalgic gait on the left. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50 mg, 180 count is not medically necessary.

Norco 10/325 mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325 mg, 180 count, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back pain with radiation down to the left foot. Physical examination revealed 5/5 strength in the bilateral lower extremities, positive straight leg raise on the left at 30-45 degrees in the L4 distribution, decreased sensation left L4 dermatome, moderate pain with lumbar extension, palpable spasms in the bilateral lumbar paraspinal musculature with positive twitch response and antalgic gait on the left. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg, 180 count is not medically necessary.

Amitiza 24 mcg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The requested Amitiza 24 mcg, sixty count, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that " include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The injured worker has lower back pain with radiation down to the left foot. Physical examination revealed 5/5 strength in the bilateral lower extremities, positive straight leg raise on the left at 30-45 degrees in the L4 distribution, decreased sensation left L4 dermatome, moderate pain with lumbar extension, palpable spasms in the bilateral lumbar paraspinal musculature with positive twitch response and antalgic gait on the left. The treating physician has not documented the duration of opiate therapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, Amitiza 24 mcg, sixty count is not medically necessary.