

Case Number:	CM15-0076160		
Date Assigned:	04/27/2015	Date of Injury:	11/28/2007
Decision Date:	06/03/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 11/28/2007. She has reported subsequent low back and neck pain and was diagnosed with lumbosacral and neck sprain/strain and status post lumbar spinal fusion. Treatment to date has included oral pain medication, spinal cord stimulator, aqua therapy and surgery. In a progress note dated 12/12/2014, the injured worker complained of ongoing low back pain radiating to the right lower extremity. Objective findings were notable for a stiff antalgic gait favoring the right lower extremity, significant tenderness to palpation of the lumbar spine, decreased motor strength in dorsiflexion of the right foot and ankle, positive straight leg raise on the right in the modified sitting position and decreased sensory examination in the posterolateral thigh and calf on the right. A request for authorization of Norco and Ultracet refills was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustains a work injury in November 2007 and continues to be treated for radiating low back pain. When seen, medications are referenced as enabling her to function on a daily basis. She had pain rated at 6/10. She was continuing to use a spinal cord stimulator. She had been able to decrease the amount of Norco being taken from six tablets per day to four tablets per day. Medications prescribed were Norco and Ultracet at a total MED (morphine equivalent dose) of 55 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ultracet (tramadol/acetaminophen) is a combination immediate release medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are referenced as enabling the claimant to function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Ultracet was medically necessary.

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustains a work injury in November 2007 and continues to be treated for radiating low back pain. When seen, medications are referenced as enabling her to function on a daily basis. She had pain rated at 6/10. She was continuing to use a spinal cord stimulator. She had been able to decrease the amount of Norco being taken from six tablets per day to four tablets per day. Medications prescribed were Norco and Ultracet at a total MED (morphine equivalent dose) of 55 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are referenced as enabling the claimant to function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.