

Case Number:	CM15-0095349		
Date Assigned:	05/21/2015	Date of Injury:	08/04/2008
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56-year-old male patient who sustained an industrial injury on 08/04/2008. A recent primary treating office visit dated 04/21/2015 reported the patient with subjective complaint of mid to low back pain. He states the pain is manageable with the current medication regimen. He rates the pain with the use of medication as 6 out of 10 in intensity. He is continuing to receive trigger point injections, which provides him with about two week of temporary pain relief. He states the injections really allow him to be more active, sleep better and reduction in pain medication usage. His oral analgesia consisted of Norco 10/325mg, Ultracet 37.5/325mg, Anaprox, LidoPro ointment, and Prilosec. He reports walking daily and has hopes of receiving authorization to partake in aqua therapy. The patient also sees a gastroenterologist for abdominal pain and recurrent diarrhea under the diagnosis of irritable bowel syndrome. In addition, he sees a psychologist treating depression. Back on 10/21/2014, a primary treating office visit reported the patient having settled his case to a compromise and release with future medical care to his lumbar spine, hips, gastritis, stress and psych on 09/17/2014. The patient continues with subjective complaint of ongoing mid to lower back pain. He states receiving a Botulinum toxin injection on 06/30/2014 that did not provide relief. The patient is requesting a trigger point injection. Current medication regimen consisted of Norco 10325mg, Ultram ER, Prilosec, LidoPro oint, and Prozac. He is still actively participating in a self-directed physical therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 91-94, 75, 80-84, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Tramadol previously along with Norco and currently on Ultracet (Tramadol+Tylenol) with Norco and NSAID. Pain relief attributed to Ultracet cannot be determined. Indication for multiple opioids was not justified. The claimant required invasive procedures to control the pain. Continued use of Norco is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months in combination with Tramadol and recently NSAIDs. The pain reduction from 9 to 6/10 cannot be entirely attributed to Norco. The claimant still required injections to control pain indicating inadequate pain relief with medications. Continued and chronic use of Norco is not medically necessary.