

Case Number:	CM15-0098298		
Date Assigned:	05/29/2015	Date of Injury:	07/23/2011
Decision Date:	07/07/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/21/2015

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: California, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 53-year-old male, with a reported date of injury of 07/23/2011. The diagnoses include lumbar radiculopathy and low back pain. Treatments to date have included ice, heat, oral medications, lumbar steroid epidural injection, physical therapy, and an MRI of the lumbar spine which showed L4-5 five millimeter disc protrusion/impingement and L4 stenosis. The progress report dated 03/03/2015 indicates that the injured worker complained of low back pain, with radiation to the left hip. The pain was associated with numbness, tingling, and weakness. The pain was rated 6 out of 10. The objective findings include a normal gait, tenderness to palpation of the paralumbar muscle with spasm, limited lumbar range of motion, positive straight leg raise on the left, normal bilateral motor strength of the lower extremities, and tenderness to palpation in the midline. The progress report dated 04/14/2015 indicates that the injured worker continued to complain of low back pain with radiation to the left hip. He stated that he was currently taking fewer medications since the lumbar epidural steroid injection. The injured worker rated his pain 7-8 out of 10. The objective findings were the same. It was noted that the injured worker's low back pain was becoming worse, and he stated that he was no longer able to perform daily activities of daily living. The treating physician requested Norco 10/325mg #120 and Ultram 50mg #30. It was noted that the injured worker's pain level had increased over the last 30 days due to two episodes of falling from right foot drop. The injured worker was on medication dosage and usage counsel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91, 93 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-91.

Decision rationale: Norco is a short acting opioid combined with acetaminophen. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy." According to the MTUS guidelines short-acting opioids, such as norco, are an effective method of pain control for chronic pain. However, failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy." In addition, on-going management MTUS guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. According to the patient's medical record there is no documented overall improvement in function or return to work. Therefore, the above listed issue is considered NOT medically necessary.

Ultram 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-91, 123.

Decision rationale: Tramadol is a synthetic opioid being prescribed for pain relief. Norco, a short acting narcotic, is also being prescribed for pain relief. According to the MTUS guidelines opioid therapy is recommended for short term pain relief. Occupational Medicine Practice Guidelines do not recommend a course of opioids for more than two weeks. There is evidence of prescriptions for opioid medication documented from 2011. According to MTUS Guidelines, if the patient fails to respond to a time-limited course of short acting opioids there is a suggestion of re-assessment and consideration of alternative therapy. For ongoing management with opioid medications recommendations include an assessment of current pain, least reported pain over a period since last assessment, average pain, intensity of pain after taking opioid, time to pain relief and duration of relief with opioid. There is no documented evidence of clear, specific opioid pain evaluation and assessment. MTUS Guidelines also recommend

consideration of a multidisciplinary pain clinic consultation if pain does not improve on opioids beyond what is usually required or does not improve in 3 months. Tramadol inhibits the reuptake of serotonin and norepinephrine in the central nervous system. There is a risk of life threatening serotonin syndrome when it is used with TCA's. Therefore, the above listed issue is considered NOT medically necessary.