

Case Number:	CM13-0005198		
Date Assigned:	12/04/2013	Date of Injury:	06/04/2003
Decision Date:	01/24/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 IMR application lists the date of injury as 6/4/03 and shows a dispute with the 7/12/13 UR decision. The 7/12/13 UR letter is from [REDACTED] and denies the patient's pain medications, based on the 5/21/13 medical report from [REDACTED]. The [REDACTED] letter describes the patient as a 55 year-old female that injured her wrist, knee and back on 6/4/2003 when attempting to change buffer pads on a machine. There is history of L5/S1 laminectomy discectomy on 3/30/04, lumbar fusion in 4/2009, right shoulder arthroscopic acromioplasty on 11/4/09, right wrist arthroscopy on 8/16/12. The 5/21/13 medical report from [REDACTED] shows the diagnoses as persistent back and right leg pain s/p L5/S1 decompression and fusion in 2004 and again on 8/12/08; right shoulder pain s/p arthroscopy 11/4/09; s/p right ulnar shortening osteotomy 8/16/12; s/p right wrist arthroscopy 8/16/12; left wrist sprain compensatory; right knee pain; insomnia; depression. [REDACTED] prescribes Tramadol ER 150mg for pain and hydrocodone/APAP 10/325mg for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Norco 10/325 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 88-89.

Decision rationale: MTUS for long-term users of opioids, for use of opioids requires the physician to "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." And "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument" The 5/21/13 report did not discuss pain levels or function and did not document a satisfactory response to opioids. There was no subjective or objective improvement in pain, or function or quality of life. The prior reports, including the 4/22/13 report from [REDACTED], and the 4/5/13 and 3/20/13 reports from [REDACTED], did not discuss pain levels or function, and the subsequent reports including the 6/13/13, 7/10/13 reports from [REDACTED] and 6/3/13 and 7/15/13 reports from [REDACTED] did not discuss pain, function or efficacy of the medications. The continued use of Norco is not in accordance with MTUS guidelines.

Prescription Tramadol ER 150mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 88-89.

Decision rationale: MTUS for long-term users of opioids, for use of opioids requires the physician to "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." And "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument" The 5/21/13 report did not discuss pain levels or function and did not document a satisfactory response to opioids. There was no subjective or objective improvement in pain, or function or quality of life. The prior reports including the 4/22/13 report from [REDACTED], and the 4/5/13 and 3/20/13 reports from [REDACTED] did not discuss pain levels or function, and the subsequent reports including the 6/13/13, 7/10/13 reports from [REDACTED] and 6/3/13 and 7/15/13 reports from [REDACTED] did not discuss pain, function or efficacy of the medications. The continued use of tramadol ER is not in accordance with MTUS guidelines.