

Case Number:	CM13-0027493		
Date Assigned:	11/22/2013	Date of Injury:	03/14/2010
Decision Date:	01/29/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 14, 2010. The applicant has been treated with the following: Analgesic medications; unspecified number of epidural steroid injections and facet joint procedures; topical agents; a TENS unit; attorney representation; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 4, 2013, the claims administrator certified a request for Motrin, partially certified a request for tramadol and Norco, and denied other requests for tramadol and Norco. The applicant's attorney later appealed. A later note of September 13, 2013, is notable for comments that the applicant reports persistent neck pain. The applicant recently underwent a radiofrequency ablation procedure. The applicant is on tramadol, Robaxin, Flector, Norco, Motrin, and finasteride. The applicant has asked for a cervical disc replacement procedure. The applicant exhibits 5/5 strength in all limbs despite having limited cervical range of motion and pain with the same. It is stated that the applicant's usage of Norco diminishes his pain from 9/10 to 5/10 to 6/10 and the Norco allows the applicant to remain functional in terms of activities of daily living such as self-care, food preparation, and basic home care. Urine drug testing is consistent with medications. Ultracet is discontinued by the attending provider, it is stated. The applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg quantity 180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 of 127.

Decision rationale: Please reference the following citation: "On-Going Management. Actions Should Include: A.Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. B.The lowest possible dose should be prescribed to improve pain and function(Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) Page 78 of 127)." As noted on page 78 of the California Medical Treatment Utilizations Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, the attending provider has himself acknowledged that Norco is providing the applicant with sufficient analgesia. Usage of two separate short-acting opioids, Norco and Ultracet, is duplicative. Therefore, the request is not certified.

Hydrocodone 10/325mg quantity 180:00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 of 127.

Decision rationale: Please reference the following citation: "When to Continue Opioids A.If the patient has returned to work B. If the patient has improved functioning and pain"(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)." As noted on page 80 of the California Medical Treatment Utilizations Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved function, and/or reduced pain. In this case, it does appear that the applicant meets the latter two criteria, although it does not appear that the applicant has returned to work. Despite the fact that the applicant remains off of work, on total temporary disability, it does appear that the applicant meets other criteria for continuation of opioids. Specifically, the applicant does report improved performance in non-work activities of daily living such as home care, cooking, food preparation, etc. The applicant's pain scores are reduced from 9/10 to 5/10 to 6/10 as a result of ongoing Norco usage. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.