

Case Number:	CM13-0032665		
Date Assigned:	12/11/2013	Date of Injury:	03/31/2009
Decision Date:	02/06/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 52-year-old female who reported injury on 03/31/2009. The mechanism of injury was not provided. The patient was noted to be status post right shoulder arthroscopy, subacromial decompression, and right carpal tunnel release. The diagnoses were noted to include right shoulder and right hand/wrist status post surgery. It was noted the physician would continue the patient's medications of Norco 10/325 mg and tramadol 50mg. The request was made for medication renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (Unspecified quantity): 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 Norco, Ongoing Management Page(s): 78, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review indicated the patient would continue to

use the medications. However, there was a lack of documentation indicating the quantity as well as documentation of the 4 A's. Given the above, and the lack of exceptional factors, the request for Norco 10/325 mg is not medically necessary.

Tramadol 50mg (Unspecified quantity): 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 Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: California MTUS states central analgesics drugs such as Tramadol (Ultram[®]) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review indicated the patient would continue to use the medications. However, there was a lack of documentation indicating the quantity as well as documentation of the 4 A's. Given the above, and the lack of documentation of exceptional factors, the request for tramadol 50 mg is not medically necessary.