

Case Number:	CM13-0034146		
Date Assigned:	12/06/2013	Date of Injury:	07/06/2012
Decision Date:	04/09/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 7/6/12. A utilization review determination dated 10/9/13 recommends modification of tramadol and hydrocodone/APAP to #10 and #14 respectively for weaning purposes. 9/11/13 medical report identifies that neck pain has been worsening and there are recurrent headaches. On exam, there is anterior shoulder tenderness on the right, bilateral lateral elbow tenderness, and reduced sensation in the bilateral median nerve distribution with reduced grip strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HCL 50 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Page(s): 76-79.

Decision rationale: Regarding the request for tramadol, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if

there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. While opioids should not be abruptly discontinued, there is, unfortunately, no provision for modification of the current request. In light of the above issues, the currently requested tramadol is not medically necessary.

HYDROCODONE APAP 5/500 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding the request for hydrocodone/APAP, California MTUS Chronic Pain Medical Treatment Guide. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 76-79

Decision rationale: Regarding the request for hydrocodone/APAP, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. While opioids should not be abruptly discontinued, there is, unfortunately, no provision for modification of the current request. In light of the above issues, the currently requested hydrocodone/APAP is not medically necessary.