

<b>Case Number:</b>	CM13-0036614		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	12/27/2010
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. The expert 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 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/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 female patient with the date of injury of December 27, 2010. A utilization review determination dated October 11, 2013 recommends non-certification of Codeine (T3) number ninety (90) and Tramadol number sixty (60). The previous reviewing physician recommended non-certification of Codeine (T3) number ninety (90) and Tramadol number sixty (60) due to lack of documentation of symptomatic or functional improvement from long-term usage. A Progress Report dated September 26, 2013 identifies Subjective Complaints of neck pain and stiffness as well as her lower back. Objective Findings identify diminished range of motion present at the left hip based upon a hip joint replacement of the left hip. Reflexes remain symmetrically diminished at the knees and ankles. Numbness is present in the toes of both feet. Diagnoses identify multiple injuries in the slip-and-fall accident occurring on December 27, 2010, status post left hip joint replacement surgery, carpal tunnel syndrome at both wrists confirmed by neuro-diagnostic testing, chronic degenerative changes of the lumbar spine at the L5 level confirmed by abnormal neuro-diagnostic studies. Treatment Plan identifies the patient was issued prescriptions for Tylenol #3, three times a day #90 and Tramadol, twice a day #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TYLENOL #3 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Long Term Use..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 76-79.

**Decision rationale:** Regarding the request for Tylenol #3 #90, California Pain Medical Treatment Guidelines state that Tylenol #3 contains an opiate pain medication. 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 Tylenol #3 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. In the absence of such documentation, the currently requested Tylenol #3 #90 is not medically necessary.

**TRAMADOL 50MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids - Tramadol (Ult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 75-79.

**Decision rationale:** Regarding the request for Tramadol 50mg #60, California Pain Medical Treatment Guidelines state that Tramadol is a short acting opiate pain medication. 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 Tramadol is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Tramadol 50mg #60 is not medically necessary.