

Case Number:	CM13-0037060		
Date Assigned:	12/13/2013	Date of Injury:	11/20/2010
Decision Date:	02/05/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

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 Medicine and is licensed to practice in Ohio and Texas. 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 43-year-old male who reported an injury on 11/20/2010 after standing on a ladder that broke causing him to fall approximately 10 feet resulting in a low back injury. Prior treatments included physical therapy, chiropractic care, a home exercise program, epidural steroid injections, acupuncture, and medications. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent evaluation reveals the patient has pain rated at a 7/10 without medications and then 4/10 to 5/10 with medications. The physical findings included tenderness to palpation along the lumbar paraspinal musculature, range of motion described as 35 degrees in flexion, 0 to 5 degrees in extension, 15 degrees in right lateral bending and 10 degrees in left lateral bending with decreased sensation in the L5-S1 dermatome and a straight leg raising test on the right side. The patient's medications included Naproxen 550 mg, Norco, and tramadol. The patient's diagnosis included a herniated disc at the L4-5; bilateral L5 pars fractures, and right lumbar radiculopathy. The patient's treatment plan included continuation of a home exercise program and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Section Page(s): 78.

Decision rationale: The requested Tramadol extended release 150 mg #50 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain relief related to medication usage. The California Medical Treatment Utilization Schedule recommends that opioids for the management of chronic pain be supported by an assessment of pain relief, evidence of increased functional benefit, evidence of monitoring for aberrant behavior, and management of side effects. The clinical document submitted for review does provide evidence that the patient has pain relief as a result of their medications. However, there are no specific examples of increased functional benefit provided. Therefore, continued use cannot be supported. As such, the requested Tramadol extended release 150 mg #60 is not medically necessary or appropriate.

Hydrocodone/APAP 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Section Page(s): 78.

Decision rationale: The requested hydrocodone/APAP 7.5/325 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain relief related to medication usage. The California Medical Treatment Utilization Schedule recommends that opioids for the management of chronic pain be supported by an assessment of pain relief, evidence of increased functional benefit, evidence of monitoring for aberrant behavior, and management of side effects. The clinical document submitted for review does provide evidence that the patient has pain relief as a result of their medications. However, there are no specific examples of increased functional benefit provided. Therefore, continued use cannot be supported. As such, the requested hydrocodone/APAP 7.5/325 mg #90 is not medically necessary or appropriate.