MAXIMUS Federal Services

Case Number:	CM13-0063798		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2001
Decision Date:	04/01/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 54-year-old male who reported injury on 05/11/2001. The mechanism of injury was not provided. The earliest documentation that was submitted for review dated 10/12/2012 revealed the patient was exercising and using a TENS unit and was taking the medications Norco, naproxen and tramadol. The most recent documentation dated 10/25/2013 revealed the patient had complaints of low back pain and left leg symptoms a 3/10 to 4/10. The patient was noted to be taking Norco and tramadol 1 to 2 per day and the medications maintained the patient's condition. It was indicated that the patient denied side effects. The patient's diagnoses were noted to include chronic back pain, status post microlumbar discectomy and chronic radiculopathy. The request was made for hydrocodone/APAP 10/325 and tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Hydrocodone/APAP (Norco) 10/325 mg, #225 (1-2 per day PRN): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 60,78.

Decision rationale: The MTUS Guidelines indicate opiates for chronic pain and there should be documentation of an objective improvement in function, objective decrease in the VAS score and evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient was using the medication since 2012. Clinical documentation submitted for review indicated that the employee denied side effects to the medications. It indicated the employee's medications maintained the employee's condition. However, there was lack of documentation of objective improvement in function, objective decrease in the VAS score and evidence that the employee was being monitored for aberrant drug behavior. Given the above, the request for prescription of hydrocodone/APAP (Norco) 10/325 mg #225 (1-2 per day PRN) is not medically necessary.

Prescription of Tramadol ER 150 mg (CIV) caps, #90 (1-2 per day PRN): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 60, 78.

Decision rationale: The MTUS Guidelines indicate opiates for chronic pain and there should be documentation of an objective improvement in function, objective decrease in the VAS score and evidence that the patient is being monitored for aberrant drug behavior and side effects. The employee was using the medication since 2012. Clinical documentation submitted for review indicated that the employee denied side effects to the medications. v It indicated the employee's medications maintained the employee's condition. However, there was lack of documentation of objective improvement in function, objective decrease in the VAS score and evidence that the employee was being monitored for aberrant drug behavior. Given the above, the tramadol ER 150 mg (CIV) caps #90 (1-2 per day PRN) is not medically necessary.