MAXIMUS Federal Services

Case Number:	CM13-0068138		
Date Assigned:	01/03/2014	Date of Injury:	08/16/2008
Decision Date:	06/04/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/18/2013

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 Occupational Medicine 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:

The patient is a 27 year old male who was injured on 08/16/2008 during the performance of his customary job duties as a pipe wrecker for [redacted]. Additionally, he sustained a continuous trauma injury to that same right wrist from 01/2009 to 04/2011. The patient underwent an open reduction and internal fixation of scapholunate dissassociation in 2008;a right scaphoid lunate advanced collapsed wrist reconstruction(scaphoid excision), capitate hamate lunate triquatral fusion; radial styloidectomy with distal radius bone graft; extensor carpi radialis brevis repair; extensor indices proprius repair; and hardware removal on 04/25/2011. PR-2 dated 12/11/2013 states the patient has a history of multiple surgeries on the right wrist. The patient complains of increased pain during work. He states he is having more pain and needs more pain medication. He is poorly controlled on Norco. The patient rates his pain as an 8/10. Objective findings on exam reveals a well-healed scar of the right wrist on the dorsal aspect of his right wrist. Range of motion is severely limited in all planes; decreased ulnar and radial deviation. There is tenderness to palpation over the joint line over the right wrist. There is decreased sensation to light touch over the lateral apsect of the wrist. There is no allodynia, arrythmia, color change, hyperalgesia or any other signs of CRPS. Diagnoses are right wrist post traumatic arthritis; status post right wrist surgery; and chronic pain syndrome. The patient has had issues with overusing his medications more frequently than prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: CA MTUS states Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which is seen as an effective method in controlling chronic pain. Opioids are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's(analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case, the medical records do not indicate this medication is appropriate for this patient. The patient has history of overusing his medications and inconsistent urinalyses. The medical records do not demonstrate the patient has had sustained improved pain level and increased function with chronic opioid use. There is no mention regular re-assessment of non-opioid means of pain control. Given the absence of improvement, necessity of ongoing opioid use is not established.

TRAMADOL 50MG # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol (UltramÂ®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. It is indicated for moderate to severe pain. The guidelines state continued opioid treatment requires documented pain and functional improvement, and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish these requirements have been met. The patient has history of overusing his medications and inconsistent urinalyses. There is no mention regular re-assessment of non-opioid means of pain control. Therefore, the medical necessity of Tramadol has not been established.