

<b>Case Number:</b>	CM13-0068288		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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 injured worker is a 59-year-old male who reported an injury on 03/31/2011. The mechanism of injury was not provided for review. The injured worker ultimately underwent anterior cervical decompression and fusion at the C5-6 and C4-5 in 08/2013. The injured worker's treatment history included medications and postoperative physical therapy. The injured worker was evaluated on 12/02/2013. Physical findings included minimal cervical and lumbar tenderness to palpation with decreased range of motion of both the cervical and lumbar spines. It was documented that the patient had a negative femoral stretch test bilaterally. The injured worker's diagnoses included status post cervical fusion, lumbar sprain/strain, and shoulder complaints. The injured worker's treatment plan included physical therapy, an MRI of the lumbar spine, and refill of medications to include Ultram 50 mg, Celebrex 200 mg, and Norco 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM 50MG #60:** 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 Section, Page(s): 78.

**Decision rationale:** The requested Ultram 50mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of opioids in the management of chronic pain be supported by ongoing documentation of a quantitative assessment of pain relief, managed side effects, functional benefit, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation fails to provide an adequate assessment of pain relief or functional benefit resulting from medication usage. Additionally, there is no documentation that the injured worker is engaged in an opioid pain contract or is monitored for aberrant behavior. Therefore, the continued use of this medication is not supported. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Ultram 50mg #60 is not medically necessary or appropriate.

**NORCO 10/325MG #90:** 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 Section, Page(s): 78.

**Decision rationale:** The requested Norco 10/325mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of opioids in the management of chronic pain be supported by ongoing documentation of a quantitative assessment of pain relief, managed side effects, functional benefit, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation fails to provide an adequate assessment of pain relief or functional benefit resulting from medication usage. Additionally, there is no documentation that the injured worker is engaged in an opioid pain contract or is monitored for aberrant behavior. Therefore, the continued use of this medication is not supported. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325mg #90 is not medically necessary or appropriate.