

Case Number:	CM14-0007135		
Date Assigned:	02/07/2014	Date of Injury:	07/07/2011
Decision Date:	11/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/18/2014

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 Emergency 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:

Patient with reported date of injury on 7/7/2011. Mechanism of injury is described as sitting on a tablet, the table breaking and the table fell on top of the patient. Diagnosis is hip injury and lumbar spondylosis and strain. Medical reports reviewed. Last report available until 12/10/13. Patient complains of lower back pain radiating down to lower extremities, worst with ambulation. Objective exam reveals decreased range of motion of hips, negative straight leg raise, normal motor and neurological exam. Noted to be using a cane. Medications were initiated by during that visit. Lumbar Xray from office visit on 12/10/13 reportedly showed degenerative changes at L2-3. No official report was provided. No medications were listed or being used by the patient. There are vague report of prior physical therapy but but no other treatments noted. Independent Medical Review is for Hydrocodone/APAP 2.5/325mg #60 and Tramadol ER 150mg #30 Prior UR on 12/17/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE / APAP 2.5/325MG QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 81 OF 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Hydrocodone/APAP is Norco and contains an opioid. As per MTUS chronic pain guidelines, initiation of opioids require establishment of a treatment plan, current pain/pain relief assessment and failure of non-opioid treatment. Provider has failed to document all components to recommend initialization of an opioid. There is no documentation of failure of non-opioid treatment, in fact the provider has failed to document any pain medications the patient is on, no documentation of pain or long term plan. Hydrocodone/APAP is not medically necessary.

TRAMADOL ER 150MG QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 81 OF 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Tramadol is a direct Mu-agonist, an opioid-like medication. As per MTUS chronic pain guidelines, initiation of opioids require establishment of a treatment plan, current pain/pain relief assessment and failure of non-opioid treatment. Provider has failed to document all components to recommend initialization of an opioid. There is no documentation of failure of non-opioid treatment; in fact the provider has failed to document any pain medications the patient is on, no documentation of pain or long term plan. Tramadol ER is not medically necessary.