

Case Number:	CM14-0109265		
Date Assigned:	08/01/2014	Date of Injury:	01/17/2006
Decision Date:	09/03/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesiology, has a subspecialty in 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 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 41-year-old male who reported an injury on 01/17/2006. The mechanism of injury was not provided. On 02/17/2014, the injured worker presented with neck and back pain occasionally radiating down the bilateral lower extremities. Upon examination, the injured worker was obese and ambulated slowly in and out of the office. He had painful cervical and lumbar range of motion with tenderness to palpation. The diagnoses were C5-6 Disc Disruption with Cord Compression, Right Cervical Radiculopathy, Upper Extremity Weakness, and L5-S1 disc disruption with intermittent right leg radicular symptoms, Major Depression, Metabolic Syndrome, Obstructive Sleep Apnea, Gastritis, Constipation, and Xerostomia. Current medications included Prilosec, Senokot, Norco, Flexeril, Lipitor and a discontinuation of Tramadol. The provider recommended Tramadol 50 mg with a quantity of 30 but the provider's rationale was not provided. The Request for Authorization form was dated 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg Quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO DISCONTINUE OPIOIDS, WHEN TO CONTINUE OPIOIDS OPIOIDS FOR CHRONIC PAIN Page(s): 79, 80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: California MTUS recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence on objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abusive behavior and side effects. Additionally, the provider noted on the 02/17/2014 examination that Tramadol was to be discontinued from the current medication regimen. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

Norco 10/325mgQuantity:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO DISCONTINUE OPIOIDS, WHEN TO CONTINUE OPIOIDS OPIOIDS FOR CHRONIC PAIN Page(s): 79, 80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg with a quantity of 60 is not medically necessary. The California MTUS recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence on objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abusive behavior and side effects. The injured worker has been prescribed Norco since 12/2013, the efficacy of the medication was not provided. The provider's request for Norco does not indicate the frequency of the medication. As such, the request is not medically necessary.