

Case Number:	CM14-0016892		
Date Assigned:	04/11/2014	Date of Injury:	12/31/1996
Decision Date:	08/11/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

This is a 43-year-old female with a date of injury of 12/31/1996. The patient's diagnoses include neck pain, left shoulder sprain/strain, chronic pain syndrome, tension headaches, chronic pain-related insomnia, myofascial syndrome and neuropathic. Review of the medical documentation reveals a report of 3 out of 10 pain with medications and 6 to 7 out of 10 without medications. There is additional documented evidence of side effects associated with narcotic medication and a recommendation for weaning of opiates in a previous utilization review determination in July 2013. In August 2013 there is documented subjective complaint of pain averaging 5 to 6 out of 10 with pain medication and 7 to 8 out of 10 on average. Of note, on this date, documentation of the assessment affirms this patient experiences increased pain in spite of having all pain medications. Additional medical documentation from August 2013 asserts that the patient was instructed to taper tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-91.

Decision rationale: Norco is a short acting opioid combined with acetaminophen. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. According to the MTUS guidelines short-acting opioids, such as Norco, are an effective method of pain control for chronic pain. However, failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no clearly documented evidence of reassessment and consideration of alternative therapy. In addition, on-going management MTUS guideline recommendations state pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In addition the Guidelines state actions should also include continuing review of overall situation with regard to nonopioid means of pain control, and consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. There is no documented evidence of intensity of pain after taking opioid, and how long it takes for pain relief or how long pain lasts. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. There is also evidence of inconsistent urine drug screening results in August 2013. The possible reason for this is not addressed in the patient's medical record. According to the patient's medical record, there is no documented overall improvement in function or return to work. Therefore, the above listed issue is considered not medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-91, 123.

Decision rationale: Tramadol is a synthetic opioid. According to the medical record it is being prescribed for several years for pain relief. Norco, a short acting narcotic, is also being prescribed for pain relief. According to the MTUS guidelines, opioid therapy is recommended for short term pain relief. Occupational Medicine Practice Guidelines do not recommend a course of opioids for more than two weeks. There is evidence of prescriptions for opioid medication documented since 2012. According to MTUS Guidelines, if the patient fails to respond to a time-limited course of short acting opioids there is a suggestion of reassessment and consideration of alternative therapy. There is no clearly documented evidence of reassessment and consideration of alternative therapy. For on going management with opioid medications recommendations include an assessment of current pain, least reported pain over a period since last assessment, average pain, intensity of pain after taking opioid, time to pain relief and duration of relief with opioid. There is no documented evidence of clear, specific opioid pain evaluation and assessment. MTUS Guidelines also recommend consideration of a multidisciplinary pain clinic consultation if pain does not improve on opioids beyond what is usually required or does not improve in 3 months. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. There is also evidence of inconsistent urine drug screening

results in August 2013. The possible reason for this is not addressed in the patient's medical record. In addition, there is also a prescription for Pamelor which is also known as nortriptyline, a tricyclic antidepressant or TCA. Tramadol inhibits the reuptake of serotonin and norepinephrine in the central nervous system. There is a risk of life threatening serotonin syndrome when it is used with TCA's. Therefore, for these reasons, the above listed issue is considered not medically necessary.