

Case Number:	CM14-0121322		
Date Assigned:	08/06/2014	Date of Injury:	01/15/2010
Decision Date:	09/11/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas, Oklahoma. 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 35-year-old female who reported injury on 01/15/2010. The mechanism of injury was not provided. The prior treatments were noted to include physical therapy, medications, Epidural Steroid Injections and trigger point injections, as well as SI joint injections. The surgical history and diagnostic studies were not provided. The injured worker's medication history included Opiates, Nortriptyline, Docuprene and Terocin patches as of 12/2013. The injured worker was noted to be monitored for aberrant drug behavior through the use of urine drug screens. The documentation of 05/29/2014 revealed the injured worker wanted to be weaned off Norco and wanted to go back to Tramadol. The injured worker was noted to be taking Norco 10/325 five tablets daily. The injured worker stated she found an old bottle of Tramadol and had weaned herself down to Tramadol ER 150 mg 1 twice a day and Norco 10/325 one twice a day. The injured worker was additionally noted to be taking Nortriptyline 25 mg at bedtime and Zanaflex 4 mg, as well as utilizing Terocin patches and Docuprene as needed. The injured worker indicated her pain was 3/10 in the neck and 7/10 in the low back. The injured worker indicated she had numbness in both of her feet and aching and stabbing in the low back and right gluteal area. The injured worker indicated she had neck pain with numbness, pins and needles that radiated down the bilateral upper extremities to the fingers. The physical examination revealed the injured worker had palpable right paraspinal lumbar spasms. The injured worker had diffuse tenderness to palpation in the lumbar spine. The injured worker had a markedly positive faber test on the right side with a positive Gaenslen's test on the right. The injured worker was noted to be CURES report consistent on 03/26/2014. The diagnoses included herniated nucleus pulposus at C5-6 with canal stenosis, herniated nucleus pulposus with bilateral foraminal stenosis at L3-4 and L4-5, cervical and lumbar myofascial pain, medication induced gastritis, trigger points with symptomatic improvement after trigger point injection and

right sacroiliitis. The treatment plan include Terocin pain patches 10 patches times 2, Hydrocodone/APAP 10/325 mg, Docuprene 100 mg #60 and Tramadol ER 150 mg #30. There was no DWC form RFA submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend Opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The documentation indicated the injured worker had been taking this classification of medication since at least 12/2013. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol ER 150 mg #30 is not medically necessary.