

Case Number:	CM14-0027037		
Date Assigned:	06/20/2014	Date of Injury:	06/29/2009
Decision Date:	08/14/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/04/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 66-year-old male with a reported date of injury on 06/29/2009. The injury reportedly occurred when the injured worker fell off a ladder when one of the rungs snapped. His diagnoses were noted to include chronic shoulder pain. His previous treatments were noted to include medications and cold compresses. The progress note dated 03/18/2014 revealed the injured worker reported with medications pain was rated 3/10 and without medications it was rated 7/10 to 8/10. The injured worker also utilized cold compresses. The provider indicated the ongoing use of those medications allowed him to perform his activities of daily living. The provider indicated periodic urine screens would be carried out as well as random checks to guarantee the injured worker was not obtaining medication from other practitioners. The progress note dated 04/28/2014 revealed the injured worker complained of pain to the shoulder. The physical examination revealed no negative effects of the medications and shoulder motion was limited as before. The Request for Authorization form dated 03/18/2014 was for Norco 10/325 mg, one every 4 to 6 hours #150, and Ultram 50 mg, once every 4 hours #150; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO (HYDROCODONE/ACETAMINOPHEN) 10/325 #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

Decision rationale: The request for Norco (Hydrocodone/Acetaminophen) 10/325 mg #150 is not medically necessary. The injured worker has been utilizing this medication since at least 06/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. The injured worker revealed without medications his pain was usually in the 7/10 to 8/10 category; however, after utilization of medication it drops to a 3/10 level. The injured worker indicated the ongoing use of this medication allows him to perform his activities of daily living. The provider indicated the injured worker would be frequently re-assessed with regards to effectiveness of the medications and periodic urine drug screens would be carried out as well as random checks to guarantee he is not obtaining medication from other practitioners. The documentation indicated that the injured worker has not shown any aberrant drug-taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and absence of adverse effects, without details regarding urine drug screening to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. The total daily morphine equivalent dose recommended is 100 MED; however, the combination of Norco and Tramadol brings the injured worker's MED up to 120, which exceeds the guideline recommendations. As such, the request is not medically necessary.

ULTRAM (TRAMADOL HCL) 50 MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

Decision rationale: The request for Ultram (Tramadol Hcl) 50 mg #150 is not medically necessary. The injured worker has been utilizing this medication since at least 06/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. The injured worker revealed without

medications his pain was usually in the 7/10 to 8/10 category; however, after utilization of medication it drops to a 3/10 level. The injured worker indicated the ongoing use of this medication allows him to perform his activities of daily living. The provider indicated the injured worker would be frequently re-assessed with regards to effectiveness of the medications and periodic urine drug screens would be carried out as well as random checks to guarantee he is not obtaining medication from other practitioners. The documentation indicated that the injured worker has not shown any aberrant drug-taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and absence of adverse effects, without details regarding urine drug screening to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. The total daily morphine equivalent dose recommended is 100 MED; however, the combination of Norco and Tramadol brings the injured worker's MED up to 120, which exceeds the guideline recommendations. As such, the request is not medically necessary.