

Case Number:	CM14-0028231		
Date Assigned:	06/13/2014	Date of Injury:	03/31/2010
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/05/2014

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 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:

The patient is a 57 year old female with an injury date of 03/31/10. Based on the 12/03/13 progress report provided by [REDACTED] the patient complains of ongoing neck pain. The patient's diagnoses include the following: 1. Bilateral neuroforaminal stenosis at C4-C5 and C5-C6. 2. Probable right CTS. 3. Cervical spine degenerative disc disease at C5-C6, degenerative disc disease and disc bulge at C4-C5. 4. Right shoulder rotator cuff tear and tendonitis. 5. Status post right shoulder arthroscopy subacromial decompression and Mumford procedure and rotator cuff repair March 15, 2012. [REDACTED] is requesting for the following: 1. Norco 10/325 mg #90 2 refills. 2. Tramadol 50 mg #120 2 refills. The utilization review determination being challenged is dated 02/19/14. [REDACTED] is the requesting provider, and he provided two treatment reports from 08/28/13 and 12/03/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 88-89.

Decision rationale: According to the 12/03/13 progress report provided by [REDACTED] the patient complains of ongoing neck pain. The request is for Norco 10/325 mg #90 with 2 refills. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

TRAMADOL 50MG, #120 (2 REFILLS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 88-89.

Decision rationale: According to the 12/03/13 progress report provided by [REDACTED] the patient complains of ongoing neck pain. The request is for Tramadol 50 mg #120 with 2 refills. Tramadol is a synthetic opiate and MTUS guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every 6 months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, the documentation provided is inadequate with lack of any specific ADL's (activities of daily living). Outcome measures are not provided either. Recommendation is for denial.