

Case Number:	CM14-0057631		
Date Assigned:	07/09/2014	Date of Injury:	12/26/2007
Decision Date:	08/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 Neurological Surgery 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 injured worker is a 48-year-old female who was reportedly injured on January 31, 2001. The mechanism of injury is noted as standing on a chair and falling. The most recent progress note dated June 25, 2014, indicates that there are ongoing complaints of neck pain, shoulder pain, elbow pain, wrist pain, and low back pain. The physical examination demonstrated a mildly antalgic gait. There was decreased range of motion of the cervical spine and moderate tenderness over the spinous processes of all levels as well as the paraspinal muscles. Neurological examination of the upper extremities did not show any true neurological deficits. Examination of the right shoulder noted tenderness over the acromioclavicular joint and the anterior shoulder there was a positive impingement test and decreased shoulder range of motion. Examination of the left shoulder also noted tenderness of the acromioclavicular joint as well as the anterior and posterior shoulder. There was a positive impingement test and a positive speed's test. The physical examination of the lumbar spine noted restricted range of motion and tenderness over the spinous processes and paraspinal muscles. There was a normal lower extremity neurological examination. Diagnostic imaging studies reported disc degeneration at L4-L5 and L5-S1. Previous treatment includes cervical spine surgery and lumbar spine surgery. Medications prescribed include Ambien, Xanax, Norco, Omeprazole, and Voltaren. A request was made for Hydrocodone and Tramadol and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: Hydrocodone/APAP is a short-acting opioid combined with acetaminophen. The California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Hydrocodone/APAP 7.5/325mg #100 is not medically necessary and appropriate.

Tramadol HCL 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82, 113.

Decision rationale: The California Medical Treatment Utilization Schedule chronic pain treatment guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. Given their clinical presentation and lack of documentation of functional improvement with Tramadol, the request of Tramadol HCL 50mg #100 is not medically necessary and appropriate.