

<b>Case Number:</b>	CM14-0073112		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, hip, and pelvic pain reportedly associated with an industrial injury of April 2, 2013. Thus far, the applicant has been treated with analgesic medications; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 2, 2014, the claims administrator approved a 10-day supply of Norco while denying other request for Norco and Tramadol. The claims administrator stated that further usage of Norco beyond at 50 tablet partial certification would be contingent on concrete evidence of functional improvement, going forward. In a July 2, 2014 work status report, the applicant was placed off of work, on total temporary disability, for initial 60 days. On June 19, 2014, the applicant was described as having undergone a right hip total hip arthroplasty. The applicant was apparently discharged from an acute care hospital on June 25, 2014. On progress note of May 16, 2014, the applicant was having a primary diagnosis of hip arthroplasty. Authorization was sought for a total hip arthroplasty, at that point in time. On April 20, 2014, the applicant reported persistent complaints of hip pain, 8/10 pain. There is no mention medication usage on this particular progress note. On April 1, 2014, the applicant's primary treating provider, a chiropractor, has suggested that the applicant was working fulltime, full duty in a new job as a product inspector. In an applicant questionnaire dated February 26, 2014, the applicant stated that she was using Tylenol for pain relief. Similarly, on January 14, 2014, the applicant was discussed having persistent complaints of hip pain but was described that applicant was not using any particular medications. In a January 16, 2014 medical legal evaluation, the applicant was described as off of work, on total temporary disability. There was no mention of medication/or medication usage at that point in time either. On December 31, 2013, the applicant's treating provider stated that Relafen had not helped the applicant's hip pain but, once

again, did not discuss medication/or medication usage. In an applicant questionnaire of December 31, 2013, the applicant was described as using over-the-counter Tylenol for pain relief. A work status report of the same day suggested that the applicant was working regular duty. On November 1, 2013, it was stated that the applicant was not currently using any medications. In a discharge summary dated June 25, 2014, the applicant was discharged on subcutaneous Lovenox, OxyContin, and Oxycodone.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone/APAP 10/325mg, #60 (Ten Day Supply): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should tailor medications and dosage to this specific applicant taking into consideration applicant specific variables such as other medications. In this case, however, no rationale for selection of Hydrocodone-Acetaminophen was proffered by the attending provider. Hydrocodone-Acetaminophen does not appear to be explicitly mentioned on any of the cited progress notes above, the bulk of which suggested that the applicant was only using over-the-counter Tylenol for pain relief preoperatively and was discharged on OxyContin and Oxycodone postoperatively. No mention of Hydrocodone or Acetaminophen was raised on any of the cited progress notes. Therefore, the request is not medically necessary.

**Tramadol HCl Tab, 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78, 7.

**Decision rationale:** As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, the attending provider should tailor medication and dosages to the specific applicant taking into consideration applicant specific variables such as other medications. In this case, however, the attending provider did not state when, why, and for what purpose Tramadol is being introduced. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that an attending provider employed the lowest possible dose of opioids improve pain and function. No rationale for selection of two separate short-acting opioid agents, namely Norco and Tramadol was furnished. As noted in the several progress notes cited above, the applicant's treating provider is not explicitly allude to usage of Tramadol in any of the progress notes above. It appeared that the applicant is only using over-the-counter Tylenol

preoperatively and was discharged from the hospital on OxyContin and Oxycodone. For all the stated reasons, the request for Tramadol was not medically necessary.