

Case Number:	CM14-0088257		
Date Assigned:	07/23/2014	Date of Injury:	10/17/2002
Decision Date:	10/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/12/2014

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 injured worker is a 65 year old female truck driver with a reported date of injury on October 17, 2002. The mechanism of injury is described as standing on a trailer trying to lift up a ramp to place it on the truck, as she was lifting up the ramp, it swung up and knocked her down. Treatment has included physical therapy, Marcaine injections to the left hip, which she has reported 50% improvement in pain, left knee prosthesis, and total knee arthroplasty, left. The injured worker complains of pain at the left hip, and anterior knee pain. She has a history of kidney problems, hypertension, and Chronic Pain. An Orthopaedic AME deemed the injured worker TTD as of August 2005. The AME also reveals the the injured worker discontinued work in July of 2003, months after the date of injury. A prior utilization review determination dated May 19, 2014 resulted in denial of Tramadol ER 100mg quantity 60, and a modification of Norco 10/325 mg quantity of 120 down to a quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of return to work. There is no evidence of urine drug test in order to monitor compliance. Long-acting opioid therapy (instead of short-acting) is recommended when continuous around the clock pain relief is desired. The request for Norco 10/325mg # 120 was previously modified to 90. The medical documents do not support continuation of opioid pain management at current dosage. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.

Tramadol ER 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. Chronic use of opioids is not generally supported by the medical literature. In this case, the clinical information is limited and there little to no documentation any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of alternative means of pain management such as home exercise program or modalities such as hot/cold. The Injured Worker (IW) is also taking Norco; concurrent use of multiple opioid analgesics is not recommended. Therefore, the medical necessity of Tramadol has not been established.

