

Case Number:	CM14-0096819		
Date Assigned:	07/28/2014	Date of Injury:	10/28/2007
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/25/2014

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 & 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 57-year-old female who reported injury on 10/28/2007. The mechanism of injury was noted to be a motor vehicle accident. The injured worker's surgical history included a rotator cuff repair in 2008 and a revision surgery in 2009. The prior treatments included medications, physical therapy and acupuncture. The diagnostic studies were not provided. The medication history included opiates as of 2009. The documentation of 06/10/2014 revealed the injured worker had complaints of low back pain. The injured worker indicated she had side effects from the medications including constipation. The injured worker indicated that the medications were helping. The documentation indicated that with the acupuncture, the injured worker was able to use less medications. The injured worker's current medications included gabapentin 600 mg tablets, tramadol 150 mg CPMP 25-75 1 tablet daily as needed for pain, and Norco 10/325 tablets. The physical examination revealed the injured worker had decreased range of motion that was restricted by pain. The injured worker had tenderness on the paravertebral muscles upon palpation. The straight leg raise was positive on the bilateral sides at 90 degrees. The sensory examination revealed light touch sensation that was decreased over the lateral calf on the left side. The diagnoses included pain in joint shoulder, thoracic or lumbosacral neuritis or radiculitis not otherwise specified lumbago and sciatic nerve lesion. The treatment plan included a refill of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg CPMP 25-75 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Medications for Chronic pain/ongoing management) Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was having a side effect of constipation. The documentation indicated the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation indicating an objective decrease in pain and objective functional improvement. The clinical documentation indicated the injured worker had utilized the medication since 2009. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol 150 mg CPMP 25-75 #30 is not medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Medications for Chronic pain/ongoing management/opioid dosing) Page(s): 60;78; 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was having a side effect of constipation. The documentation indicated the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation indicating an objective decrease in pain and objective functional improvement. The clinical documentation indicated the injured worker had utilized the medication since 2009. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325mg #30 is not medically necessary.