

Case Number:	CM14-0189874		
Date Assigned:	11/21/2014	Date of Injury:	03/08/2001
Decision Date:	01/08/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/13/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 59-year-old with a reported date of injury of 03/08/2001. The patient has the diagnoses of wrist fracture status post open reduction and internal fixation (ORIF), back pain, degenerative joint disease and right shoulder pain. Per the most recent progress notes provided for review from the primary treating physician dated 11/18/2014, the patient has daily low back pain rated a 8/10 without medications and a 3/10 with medications. The physical exam noted limited lumbar range of motion and spinal tenderness to palpation. Treatment recommendations included continuation of oral pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 7.5 mg #60 x 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (astatistic limited by poor study design). Limited information indicated that up to

one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. (Martell-Annals, 2007) (Chou, 2007) There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. (Deshpande, 2007)The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined above. There is no evidence of aberrant behavior on the medication. The provided documentation shows a decrease in visual analog scale (VAS) score and an improvement in function as evidence that the patient is still able to work while on the medication. Criteria for the ongoing use of this medication have been met per the California MTUS.