

Case Number:	CM15-0107464		
Date Assigned:	06/11/2015	Date of Injury:	02/13/2004
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old male who sustained an industrial injury on 02/13/2004. Mechanism of injury occurred when he was tightening a manifold and felt pain in his lower back. Diagnoses include neural encroachment L5-S1 with radiculopathy-refractory, generalized abdominal discomfort of uncertain etiology and rule out right shoulder impingement/rotator cuff pathology. Treatment to date has included diagnostic studies, status post decompression surgery on 06/28/2010, medications, physical therapy, lumbar spine brace, and use of a Transcutaneous Electrical Nerve Stimulation unit. His medications include Hydrocodone, Tramadol and Naproxen. A physician progress note dated 04/08/2015 documents the injured worker complains of lower back pain with left greater than right lower extremity symptoms, and rates his pain as 7 out of 10. He had a successful trial of anti-epileptic drug with the neuropathic pain and radicular pain however failed due to nausea and lethargy. He has right shoulder pain rated a 5 out of 10, and this is worsening. The treatment plan includes continuation of chiropractic treatment to the lumbar spine, and continuation of physical therapy for the right shoulder, a Magnetic Resonance Imaging of the right shoulder to rule out impingement/rotator cuff pathology, and continue with use of a back brace and a Transcutaneous Electrical Nerve Stimulation unit. Treatment requested is for Hydrocodone 10mg, #60 and Tramadol ER100mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is taking hydrocodone for chronic pain yet there is no narcotic contract on file or urine drug screen available for review. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for hydrocodone 10mg, #60 is determined to not be medically necessary.

Tramadol ER100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the re-uptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is taking tramadol for chronic pain yet there is no narcotic contract on file or urine drug screen available for review. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for tramadol ER 100mg, #60 is determined to not be medically necessary.

