

Case Number:	CM15-0139032		
Date Assigned:	07/29/2015	Date of Injury:	06/02/2011
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, New York, 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 applicant is a represented 57-year-old who has filed a claim for chronic neck, shoulder, mid back pain reportedly associated with an industrial injury of June 2, 2011. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve requests for tramadol and Norco. The claims administrator referenced a July 10, 2015 progress note and an associated RFA form of the same date in its determination. In a handwritten progress note dated April 18, 2014, the applicant was placed off work, on total temporary disability. A medical-legal evaluator reported on November 18, 2014 that the applicant was off work and had not returned to work since June 2, 2011. The applicant was using Norco, tramadol, Motrin, Symbicort, albuterol, Prilosec, and Compazine, it was reported at that point. The applicant stated that she was receiving both Workers' Compensation Indemnity benefits and State Disability Insurance (SDI) benefits, it was acknowledged. The applicant had undergone earlier failed shoulder surgery. The applicant stated that her ability to perform activities of daily living were adversely impacted by her constant pain complaints, weakness, memory loss, and insomnia. The applicant had difficulty with activities of daily living as basic as sitting, standing, and walking, it was acknowledged. On December 4, 2014, it was acknowledged that the applicant had applied for Social Security Disability Insurance (SSDI). The applicant stated that activities of daily living as basic as using a vacuum cleaner remained problematic. On an RFA form dated May 20, 2015, the applicant was given prescriptions for Percocet and Valium. In a separate handwritten progress note dated May 20, 2015, the applicant was placed off of work, on total temporary disability. The applicant was receiving Percocet from another provider, the treating provider acknowledged. Norco was endorsed on this occasion. The attending provider stated that he took objection to the claims administrator's decision to deny various medications. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 times 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7. When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, on total temporary disability, the applicant's primary treating provider (PTP) reported on May 20, 2015. The applicant's treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) achieved as a result of ongoing tramadol usage on that date. The note was sparse, thinly developed, difficult to follow, and did not establish how (or if) ongoing usage of tramadol had proven beneficial here. A medical-legal evaluator's report of November 18, 2014 to the effect that the applicant had not worked since 2011, was having difficulty sleeping, was having difficulty performing activities of daily living as basic as sitting, standing, and walking, taken together, strongly suggested that the applicant was not profiting with ongoing tramadol usage. Therefore, the request was not medically necessary.

Norco 7. 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be prescribed to improve pain and function. Here, the attending provider did not establish a clear or compelling case for concurrent usage of two separate short-acting opioids, Norco and tramadol. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants should obtain opioid prescriptions from a single practitioner. Here, it appeared that the applicant was receiving tramadol and Norco from one prescriber and Percocet from another. A clear rationale for what appeared to be a concomitant usage of so many different short-acting opioids was not set forth by the treating provider in his handwritten note of May 20, 2015. Therefore, the request was not medically necessary.