MAXIMUS Federal Services

Case Number:	CM15-0186381		
Date Assigned:	09/28/2015	Date of Injury:	01/28/1993
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 70 year old male who sustained an industrial injury on 1-28-93. The injured worker reported lumbar spine pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervical sprain with radicular symptoms, chronic pain, cellulitis in buttocks, and bilateral knee pain. Medical records dated 8-21-15 indicate left pain rated at 5 out of 10. Provider documentation dated 9-17-15 noted the work status as "remain off work." Treatment has included status post let knee arthroscopy, status post lumbar fusion, acupuncture treatment, chiropractic treatments, Norco since at least March of 2015 and Tramadol since at least March of 2015 and computed tomography of the cervical spine. Objective findings dated 8-21-15 were notable for lumbar spine with restricted range of motion and pain, right buttock with red swollen region. Objective findings dated 9-17-15 were notable for extremities with pitting edema. The original utilization review (8-31-15) partially approved a request for Norco 10-325 milligrams quantity of 90 and Tramadol 50 milligrams quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.