

Case Number:	CM15-0201111		
Date Assigned:	10/16/2015	Date of Injury:	11/04/2009
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, California

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 40 year old male, who sustained an industrial injury on 11-4-09. He reported thoracic and cervical pain. The injured worker was diagnosed as having sprain and strain of the shoulder and arm, carpal tunnel syndrome, brachial neuritis and radiculitis, thoracic and lumbar neuritis and radiculitis, tarsal tunnel syndrome, and sprain and strain of the neck. Treatment to date has included cervical epidural injections, physical therapy, and medication including Norco, Prilosec, and Promolaxin. On 9-14-15, physical examination findings included tightness in the cervical paravertebral musculature. Phalen's test was positive bilaterally, cubital Tinel's sign was positive on the left, and Guyon's canal testing was negative bilaterally. Tenderness was noted in the pelvic brim and junction bilaterally. Lumbar extension and rotation to either side caused ipsilateral junctional discomfort. On 7-14-15, the treating physician noted, "sometimes, he uses a back brace to do activities of daily living and household chores." Pain on 8-10-15 and 9-14-15 was noted to be 4 of 10 at least and 6 of 10 at worst. The injured worker had been taking ConZip since at least September 2015. On 9-14-15, the injured worker complained of neck and back pain. On 9-21-15, the treating physician requested authorization for ConZip 200mg #30 with 2 refills. On 9-25-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ConZip 200mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Conzip is extended release Tramadol. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. The claimant was on Tramadol in the form of Ultram intermittently since 2012. The claimant is currently on Norco. No one opioid is superior to another. Although the claimant has tried Tylenol and NSAIDS, Tramadol is not intended for long-term use. Continued and chronic use of Tramadol in addition to Norco is not necessary.