

Case Number:	CM15-0023758		
Date Assigned:	02/13/2015	Date of Injury:	06/11/2012
Decision Date:	03/26/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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 57 year old male, who sustained an industrial injury on 6/11/2012. He reports a motor vehicle accident and injuries to the back, right ankle, bilateral shoulder, knees, face, right hand, loose teeth, whiplash and internal injuries. Diagnoses include status post right ankle open reduction-internal fixation. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 1/19/2015 indicates the injured worker reported right ankle pain. On 1/30/2015, Utilization Review non-certified the request for Ultram 50mg #90 and modified the request for Norco 10/325mg #90 to #60, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco since at least April 2014. The claimant had btried NSAIDS but there was no indication of Tylenol failure. The last pain score documented in 9/2014 indicated a pain level of 7-9/10 indicating tolerance to medication. The continued use of Norco is not medically necessary.

Ultram 50mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. 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. Although it may be a good choice in those with back pain, the claimant's pain was not noted to be continueng to improve. As above, recent pain score were not provided and prior ones did not indicage adequate paincontrol despit the use of Norco and Tramadol. There was no indication for the use of 2 short actibng opioids. The continued use of Tramadol as above is not medically necessary.