

Case Number:	CM15-0035807		
Date Assigned:	03/04/2015	Date of Injury:	02/01/2005
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male who sustained an industrial injury on 02/01/05. She reports chronic low back pain as well as pain in the right wrist and right hand. Diagnoses include discogenic cervical and lumbar condition with facet inflammation, headaches, and radiculopathy, carpal tunnel syndrome, on the right status post release with persistent symptomatology, and wrist joint inflammation status post one injection. Treatments to date include medications and surgery. In a progress note dated 02/04/15 the treating provider recommends treatment with Tramadol and Vicodin. On 02/19/15 Utilization Review non-certified the Vicodin and Tramadol, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; on-going management, and Weaning of medications Page(s): 94-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with chronic low back pain as well as pain in the right wrist and right hand. The current request is for Vicodin 5/300 mg Qty 60. The treating physician states, in a report dated 02/04/15, "[The patient] received medications including Vicodin 5/300 mg (#60) for moderate-to-severe pain..." (66B) The MTUS guidelines state: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the MTUS requirements for documentation of the 4 As have not been documented. There are no before and after pain scales with opioid usage. There is no documentation of the positive effects of opioid usage on activities of daily living and the treating physician fails to discuss aberrant behaviors, CURES, or UDS The current request is not medically necessary and the recommendation is for denial.

Tramadol ER 150 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with chronic low back pain as well as pain in the right wrist and right hand. The current request is for Tramadol ER 150 mg Qty 30. The treating physician states, in a report dated 02/04/15, "[The patient] received medications including tramadol ER 150 mg (#30) for pain..." (66B) The MTUS guidelines state: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the MTUS requirements for documentation of the 4 As have not been documented. There are no before and after pain scales with opioid usage. There is no documentation of the positive effects of opioid usage on activities of daily living and the treating physician fails to discuss aberrant behaviors, CURES, or UDS The current request is not medically necessary and the recommendation is for denial.