

<b>Case Number:</b>	CM15-0036460		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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

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

### 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 29 year old male, who sustained an industrial injury reported on 4/26/2011. He reported unchanged pain since last visit, but that pain and function are improved on medications. The diagnoses were noted to include hip pain, right > left, and status-post left hip arthroscopic labral debridement, femoroplasty and acetabular chondroplasty (2/13/12), and status-post right hip arthroscopic labral debridement, femoroplasty and acetabular chondroplasty (9/9/12); left shoulder pain, status-post arthroscopic subacromial decompression and labral debridement (5/23/12); knee pain; and pain in joint lower leg. Treatments to date have included: consultations; multiple diagnostic laboratory and imaging studies; viscosupplementation injection series (5/2/14); right hip injection; effective x 3 months; an agreed medical examination on 1/26/2015; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary (P&S) with restrictions, and not working since 7/2013; however, the 1/26/2015 progress notes state this IW is not P&S yet. On 2/10/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 2/3/2015, for Tramadol - acetaminophen 37.5/325mg #60 - to #30 for moderate pain; and non-certified, for medical necessity, the request for Vicodin 5/300mg #30 for severe pain. The Official Disability Guidelines, pain chapter, opioids Tramadol/Acetaminophen, Hydrocodone/Acetaminophen; and the Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids, weaning of medications, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol-Acetaminophen 37.5/325 MG Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Ultracet (tramadol/acetaminophen) 37.5/325mg Qty 60, California Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement). Furthermore, in addition to the tramadol-acetaminophen Vicodin the patient is being prescribed Vicodin, another short-acting opioid pain medication. The use of two short acting opioids is not recommended. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen) 37.5/325mg Qty 60 is not medically necessary.

**Vicodin 5/300 MG Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Vicodin 5/300mg Qty #30, California Pain Medical Treatment Guidelines state that Vicodin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement). As such, there is no clear indication for ongoing use of the medication. Furthermore, in addition to the Vicodin the patient is being prescribed tramadol-acetaminophen, another short-acting opioid pain medication. The use of two short acting opioids is counter-intuitive is not recommended. In light of the above issues, the currently requested Vicodin 5/300mg Qty #30 is not medically necessary.