

Case Number:	CM15-0040813		
Date Assigned:	03/11/2015	Date of Injury:	11/18/1999
Decision Date:	05/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/04/2015

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

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 52-year-old female who reported an injury on 11/18/1999. The mechanism of injury was not specifically stated. The injured worker is diagnosed with lumbar spinal stenosis. On 02/12/2015, the injured worker presented for a follow-up evaluation with complaints of ongoing neck pain as well as left shoulder pain radiating into the proximal left forearm. The injured worker utilizes Norco and tramadol for pain relief. There was no physical examination provided on that date. Recommendations included a continuation of the current medication regimen. A Request for Authorization form had been previously submitted on 01/27/2015 for Norco 10/325 mg and tramadol 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone Apap) 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above bed since at least 10/2014. There is no documentation of objective functional improvement. There is no recent physical examination provided for this review. There is no mention of a written consent or agreement for chronic use of an opioid. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically necessary.

Tramadol HCL 50mg #100 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above bed since at least 10/2014. There is no documentation of objective functional improvement. There is no recent physical examination provided for this review. There is no mention of a written consent or agreement for chronic use of an opioid. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically necessary.