

Case Number:	CM15-0051563		
Date Assigned:	03/25/2015	Date of Injury:	07/06/2012
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/18/2015

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: Preventive Medicine, Occupational Medicine

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 47 year old female who sustained a work related injury on July 6, 2012, after she slipped and fell and incurred injuries to her left hip and foot, right shoulder and back. She was diagnosed with thoracolumbar and cervical disc disease with chronic pain. Treatment included anti-inflammatory drugs, pain medications, physical therapy, surgery, Transcutaneous Electrical Nerve Stimulation (TENS), injections, chiropractic manipulation, traction, and bracing. Currently the injured worker complained of persistent neck pain and bilateral arm pain. The treatment plan that was requested for authorization included prescriptions for Naproxen, Tramadol and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. This request is for chronic treatment with Naproxen as it is for four months of medications. The plan includes follow up in two months, at which time the requesting provider would be able to reassess for the necessity of continued medication use. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Naproxen 500mg #60 with 3 refills is determined to NOT be medically necessary.

Tramadol 50mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records indicate that the injured worker has been treated with tramadol chronically. The medical records do not indicate that the use of tramadol has been provided for moderate to severe pain that has been significantly reduced with the use of tramadol. The medical record does not provide clear and objective functional improvement as a result of chronic tramadol use. This request is for four months of treatment and the plan includes follow up in two months, at which time the requesting provider would be able to reassess for the necessity of continued medication use. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. It is noted that utilization review recommended partial certification for weaning purposes. The request for tramadol 50mg #30 with 3 refills is determined to NOT be medically necessary.

Norco 5/325mg #60 with 3 refills: 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 Opioids section, Weaning of Medications section Page(s): 74-95, 125.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records indicate that the injured worker has been treated with Norco chronically. The medical records do not indicate that the use of Norco has been provided for moderate to severe pain that has been significantly reduced with the use of Norco. The medical record does not provide clear and objective functional improvement as a result of chronic Norco use. This request is for four months of treatment and the plan includes follow up in two months, at which time the requesting provider would be able to reassess for the necessity of continued medication use. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. It is noted that utilization review recommended partial certification for weaning purposes. The request for Norco 5/325mg #60 with 3 refills is determined to NOT be medically necessary.