

Case Number:	CM15-0019000		
Date Assigned:	02/06/2015	Date of Injury:	07/25/2008
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 male patient who sustained an industrial injury on July 25, 2008. He has reported right hip pain and bruising of both knees and right hand. The diagnoses have included hip joint replacement in 2013, history of infection of hip prosthetic, lumbar paraspinal muscle spasms extending into the hip and neuropathic pain of unknown etiology, right distal lateral thigh. Treatment to date has included urine drug testing, home exercise program, psychotherapy, and opioid pain, anti-epilepsy, muscle relaxant, and antidepressant medications. On December 16, 2014, the treating physician noted significant increase in pain of bilateral hips and bilateral knees after being off opioid pain medications for 31 days. His level of function was decreased due to increased pain. The physical exam revealed continued right hip tenderness with significant burning sensation in the distal aspect of the thigh, significant hypersensitivity, and considerable bruising due to his rubbing the area. Current medications included anti-epilepsy, muscle relaxant, and antidepressant medications. The treatment plan included appealing the opioid pain medications. On February 2, 2015, the injured worker submitted an application for IMR for review of requests for Norco 10/325mg #75 and Tramadol ER 100mg #45. The Norco and Tramadol ER were non-certified based on the prior recommendation to wean the patient from these medications, and the patient has not had opioid medication for a month. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids for chronic pain, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This male patient has complained of right hip and bilateral knee pain since date of injury 7/25/08. He has been treated with hip joint replacement, injection, physical therapy and medications to include opioids since at least 08/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Tramadol ER 100mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids for chronic pain, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This male patient has complained of right hip and bilateral knee pain since date of injury 7/25/08. He has been treated with hip joint replacement, injection, physical therapy and medications to include opioids since at least 08/2014. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.