

Case Number:	CM15-0119819		
Date Assigned:	07/01/2015	Date of Injury:	05/13/1999
Decision Date:	08/28/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 69 year old, female who sustained a work related injury on 5/13/99. The diagnoses have included cervical disc degeneration, neck pain, long-term use of medications and depression with anxiety. Treatments have included medications, cervical epidural steroid injections and physical therapy. In the Visit Note dated 4/1/15, the injured worker complains of chronic neck pain. She is in significant pain at this visit and is tearful and frustrated. The treatment plan includes a prescription for Norco. In the Visit Note dated 4/15/15, she complained of significant nausea from taking Norco. She tried to continue taking it but the nausea did not improve. She did not have any other pain medications to take so she continued to take the Norco. She wishes to stop taking it and wants another pain medication ordered. She is already taking Tramadol which is requested for a prescription refill at this visit. The Norco is discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol 50mg #60 (DOS: 4/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 80-84, 113.

Decision rationale: Per CA MTUS guidelines, "Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." "Tramadol: A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months." In the notes provided, there are no pain levels recorded. There are no documented changes in his functional capabilities from visit to visit. There is no documentation noted about how much of the medication she is using, how long it takes the medication to start working or how long any pain relief lasts. Since there was no documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity, this requested treatment for Tramadol was not medically necessary.

Retrospective request for Norco 5/325mg #60 (DOS: 4/1/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-91.

Decision rationale: Per CA MTUS guidelines, Per CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. It is recommended for short-term use in clients with low back pain. "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." Long-term use of opioids are not recommended. In the notes provided, there are no pain levels recorded. There are no documented changes in his functional capabilities from visit to visit. She was taking Tramadol for pain. There is no documentation noted about how much of the medication she is using, how long it takes the medication to start working or how long any pain relief lasts. This was the initial request for the Norco. Since there was no documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity with the use of the Tramadol, this request for Norco was not medically necessary.