

Case Number:	CM15-0179390		
Date Assigned:	09/21/2015	Date of Injury:	07/26/2005
Decision Date:	10/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/11/2015

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 59 year old male, who sustained an industrial injury on 7-26-2005. The injured worker was diagnosed status post rotator cuff repair with broken anchor. The request for authorization is for: Norco 10-325mg #180 with five refills, Tramadol 50mg #60. The UR dated 9-1-2015: Non-certified the request for Tramadol 50mg #60; and modified certification of Norco 10-325mg #135 with zero refills. On 7-27-15, he reported neck pain with radiation down the right upper extremity rated 10 out of 10, right shoulder pain rated 10 out of 10 and low back pain with radiation to the right lower extremity rated 10 out of 10 without medications. He indicated with medications his neck pain is rated 6 out of 10, right shoulder pain is 8 out of 10, and low back pain is 8 out of 10. His current medications are noted to be Soma 340mg, Norco 10-325mg and Percocet 10-325mg. On 8-20-15, he reported right shoulder pain rated 7 out of 10. He indicated he continued to take Norco and Soma for pain. On 8-25-15, he reported right shoulder pain rated 6 out of 10. He reported taking Norco and Soma for pain. Objective findings revealed a healed incision, tenderness to the right shoulder, and decreased range of motion. There is discussion of a pain contract on file and random urine drug screens which are noted to be consistent. The treatment and diagnostic testing to date has included: biceps tendon repair (2-4-15), magnetic resonance imaging of right shoulder (8-17-15), and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS Guidelines support a rotation and/or trial of different opioids if there is inadequate response to a prior opioid. The Tramadol is being prescribed in place of Oxycodone and at least a trial of Tramadol is supported by Guidelines. If its use after an initial trial is not supported in the future this can be re-reviewed, but the initial trial is consistent with Guidelines. The trial of Tramadol 50mg #60 is medically necessary.

Norco 10/325mg #180 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: MTUS Guidelines have very specific criteria that are necessary to support the long term use of a particular opioid medication. Some of these key criteria have not been met in relationship to the chronic use of Hydrocodone. The Guidelines standards include detailed documentation of the amount of pain relief, the length of pain relief, functional improvements secondary to use and the lack of drug related aberrant behaviors. There is no addressing the functional outcomes secondary to use which is a key component to supports its use of chronic non-cancer pain. There are no unusual circumstances to justify an exception to Guidelines. The Norco 10/325mg #180 with 5 refills is not supported by Guidelines and is not medically necessary.