

Case Number:	CM15-0020005		
Date Assigned:	02/09/2015	Date of Injury:	01/03/2013
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old female with a date of injury of February 22, 2013. She has reported back pain, elbow pain, and shoulder pain and has been diagnosed with cervicalgia, bilateral arm/hand pain, bilateral shoulder pain, and low back pain. Treatment has included massage and physical therapy. Currently the injured worker has pain over the cervical spine and lumbar spine. There was a straight leg raise test that was positive on the left sided at 45 degrees. The treatment plan included physical therapy and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, page 86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for complaints of chronic spine pain. Treatments have included physical therapy and medications. Opioid medication is being prescribed at a total morphine equivalent dose of 55 mg per day. The treating provider documents substantial benefit from the claimant's current medications and an absence of side effects or other concerns. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Ultram ER100,mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, pages 76-80; (2) Opioids, dosing, page 86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for complaints of chronic spine pain. Treatments have included physical therapy and medications. Opioid medication is being prescribed at a total morphine equivalent dose of 55 mg per day. The treating provider documents substantial benefit from the claimant's current medications and an absence of side effects or other concerns. Tramadol ER is a sustained release formulation and would be used to treat baseline pain, which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Tramadol ER was medically necessary.