

Case Number:	CM15-0021523		
Date Assigned:	02/11/2015	Date of Injury:	12/20/2013
Decision Date:	04/09/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male who reported an injury on 12/26/2013 due to an unspecified mechanism of injury. On 02/19/2015, he presented for a follow-up evaluation. He reported pain that had worsened. It was noted that his current conditions and complaints have remained the same but his diagnosis was unchanged. He reported sleeping 5 hours per night and rated his pain at an average 9/10. With medications, he rated his pain at a 7/10 and without, a 9/10. Documentation regarding his medications and physical examination findings was not noted. The treatment plan was for tramadol ER 200 mg #30 with 3 refills, tramadol 50 mg #120 with 3 refills, and lidocaine 5% #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 200mg #30 with Refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Tramadol (Ultram), and Criteria for Use, and Weaning of Medications Page(s): 77-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker is having an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens were provided for review to validate his compliance with medication regimen. Also, the frequency of the medication was not stated within the request and 3 refills of this medication would not be supported without a re-evaluation to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.

Tramadol 50mg #120 with Refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Tramadol (Ultram), and Criteria for Use, and Weaning of Medications Page(s): 77-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker is having an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens were provided for review to validate his compliance with medication regimen. Also, the frequency of the medication was not stated within the request and 3 refills of this medication would not be supported without a re-evaluation to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.

Lidoderm 5% #30 with Refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided fails to indicate that the injured worker has tried and failed all recommended oral medications to support the request for a topical analgesic. There is also no evidence that he is intolerant to oral medications or that he has had a quantitative decrease in pain with objective improvement in function with use. Furthermore, the frequency of the

medication was not stated within the request and 3 refills of this medication would not be supported without a re-evaluation. Therefore, the request is not supported. As such, the request is not medically necessary.