

Case Number:	CM15-0068735		
Date Assigned:	04/16/2015	Date of Injury:	01/18/2014
Decision Date:	05/20/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, Illinois

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 31 year old female who sustained an industrial injury on 01/18/14. Initial complaints are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include low back and right leg pain. Current diagnoses include lumbar strain, lumbar strain disc injury, lumbar radiculopathy, right ankle strain, and myofascial syndrome. In a progress note dated 03/02/15 the treating provider reports the plan of care as medications including tramadol, hydrocodone, and Flexeril. The requested treatments are tramadol and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325mg #60: 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): 78-81.

Decision rationale: The injured worker sustained a work related injury on 01/18/14. The medical records provided indicate the diagnosis of lumbar strain, lumbar strain disc injury, lumbar radiculopathy, right ankle strain, and myofascial syndrome. Treatments have included Nurco, Tramadol, and Flexeril. The medical records provided for review do not indicate a medical necessity for Hydrocodone 7.5/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate this worker has been using this since 11/2014; the injured worker is not well monitored for pain control, activities of daily living and aberrant behavior. Therefore, the requested medical treatment is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 01/18/14. The medical records provided indicate the diagnosis of lumbar strain, lumbar strain disc injury, lumbar radiculopathy, right ankle strain, and myofascial syndrome. Treatments have included Nurco, Tramadol, and Flexeril. The medical records provided for review do not indicate a medical necessity for Hydrocodone 7.5/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate this worker has been using this since 11/2014; the injured worker is not well monitored for pain control, activities of daily living and aberrant behavior. Therefore, the requested medical treatment is not medically necessary.