

Case Number:	CM15-0082484		
Date Assigned:	05/04/2015	Date of Injury:	04/27/2008
Decision Date:	10/16/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/29/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 51 year old male, who sustained an industrial injury on 4-27-08. Medical record indicated the injured worker is undergoing treatment for C6-7 (HNP) herniated nucleus pulposus, cervical strain-multilevel discopathy, right shoulder contusion, right ulnar neuropathy, possible upper extremity radiculopathy, lumbar sprain-strain syndrome, mild discopathy, status post right shoulder surgery, ulnar neuropathy, status post right shoulder subacromial decompression, significant cervical discopathy with right upper extremity radiculopathy and spinal lumbago with chronic sprain-strain. Treatment to date has included right shoulder surgery, oral medications including Omeprazole and Norco 10-325mg and activity modifications. He has received Norco since at least 1-9-15. On 2-6-15, the injured worker continued to experience neck pain along with bilateral upper extremity radiculopathy, he rates the neck pain 7 out of 10, stabbing left shoulder pain 6 out of 10, pain with numbness in elbow rated 7 out of 10 and low back pain rated 5 out of 10 and on 3-19-15, the injured worker complains of severe neck pain with constant radiation to the upper trapezius muscles. It is noted Norco reduces the pain to a point that allows the injured worker to perform some activities of daily living. He is currently temporarily totally disabled. Physical exam performed on 2-6-15 and 3-19-15 revealed cervical spine tenderness, spasm and tightness with a positive compression test and painful, restricted cervical range of motion. The treatment plan included prescriptions for Ultram 50mg #60 and Norco 10-325mg #60. On 4-21-15, utilization review non-certified a request for Norco 10-325mg #60 noting there is no documentation as to how long he has taken the narcotic and if he has failed first line over the counter analgesics and non-certified a request for Ultram 50mg

#60 noting there is no documentation as to how long he has taken the narcotic and if he has failed first line over the counter analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Ultram 50mg #60: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.