

Case Number:	CM14-0156101		
Date Assigned:	09/30/2014	Date of Injury:	04/15/1996
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 represented [REDACTED] employee who has filed a claim for chronic hip and pelvic pain reportedly associated with an industrial injury of April 15, 1996. Thus far, the injured worker has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; corticosteroid injection therapy for carpal tunnel syndrome; and extensive periods of time off of work. In a Utilization Review Report dated August 22, 2014, the claims administrator failed to approve requests for Vicodin, Tramadol, and Mobic. The injured worker's attorney subsequently appealed. In an August 7, 2014 progress note, the injured worker reported 6/10 pain about the shoulders, fingers, and bilateral upper extremities. The injured worker's pain was reportedly burning and was reportedly aggravated by repetitive movements. The injured worker stated that the medications were helping; however, this was not quantified. The injured worker was asked to stop Topamax and Norco. Extra-Strength Vicodin and Tramadol were refilled while Mobic was started. In a progress note dated February 21, 2014, it was acknowledged that the injured worker was not working. Bilateral trochanteric bursa injections were scheduled. The injured worker was reportedly using Norco at this point in time. The attending provider stated that the injured worker's pain scores had dropped from 10/10 without medications to 6/10 with medications. The attending provider stated that the injured worker was able to bathe, dress, and perform meal preparation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. In this case, no compelling rationale has been furnished for provision of two separate short-acting opioids, namely Vicodin and tramadol. It is further noted that the injured worker was recently using a third short-acting opioid, Norco, just prior to the August 7, 2014 office visit, referenced above. Therefore, the request is not medically necessary.

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. However, the injured worker has not returned to work and is not working with permanent limitations in place. While the attending provider has reported some decrements in pain scores achieved as a result of ongoing medication consumption, the attending provider has failed to outline any improvements in function achieved as a result of ongoing opioid usage. Therefore, the request is not medically necessary.

Mobic 7.5mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Mobic do represent a traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. The request in question does represent a first-time request for the same. Therefore, the request is medically necessary.