

Case Number:	CM13-0015011		
Date Assigned:	09/11/2013	Date of Injury:	04/06/2006
Decision Date:	01/14/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Addiction Medicine, Peds, has a subspecialty in Toxicology 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 physician 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 Patient is a 26 year old injured worker who sustained a work injury in April of 2006. The patient was diagnosed with lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, bilateral knee sprain, chondromalacia patella, and bilateral hip pain. He has undergone conservative, pharmacologic and interventional pain procedures to date. The patient has a history of polysubstance abuse and was referred to AA and CBT in the past. The patient was also referred to a pain psychologist recently within one year. Currently the disputed treatment in question includes; pain psychology referral, Ultram prescription, Butrans prescription, and a referral for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain psychology consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines State of Colorado Department of Labor and Employment Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anesthesiology.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines and the Journal Article, counseling and psychotherapy, particularly cognitive behavioral therapy,

supportive therapy may have therapeutic benefit in chronic pain patients. Based on the employee's history of polysubstance abuse, this nonpharmacologic mode of pain therapy is a useful tool in the therapeutic armamentarium. The employee also has anxiety, depression and chronic pain syndrome. The request for 1 pain psychology consultation is medically necessary and appropriate.

Ultram ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Therapy for the Treatment of Chronic Nonspecific Low Back Pain.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The employee has chronic pain condition; however, the medical records provided for review does not indicate if the patient has a significant emotional/mental health component. The MTUS Chronic Pain Medical Treatment Guidelines states, before starting opioid therapy, it is imperative to have a psychological evaluation to evaluate a possible somatoform disorder. The records indicate that the employee has a history of polysubstance abuse. Ultram (tramadol) has been shown to have abuse and addictive potential. (Zhang H, et al.2013). Above all, in the meta-analysis, it was found that tramadol has no statistically significant effect on pain relief, but has small effect sizes in improving functioning. (CHung JW, et al, 2013). Also tramadol in combination with Butrans can cause adverse effects such as serotonin syndrome. (takeshita J, 2009). The request for Ultram ER is not medically necessary and appropriate.

Butrans: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Chronic Low Back Pain: An Application of the International Classification of Functioning, Di.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, and from support of literature, short term transdermal Buprenorphine can improve the ADLs. Buprenorphine pharmacological and safety profile makes it a beneficial treatment. Given the polysubstance dependence history, Butrans in combination with psychosocial intervention will be beneficial to the employee. The request for Butrans is medically necessary and appropriate.