MAXIMUS Federal Services

Case Number:	CM13-0030579		
Date Assigned:	11/27/2013	Date of Injury:	10/16/2000
Decision Date:	01/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiologist, Pain 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 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 51 year old male who reported an injury on 10/16/2000. The mechanism of injury was a fall. At that time he was treated and diagnosed with a head injury, right shoulder strain, and cervical, thoracic, and lumbar strains. He received physical therapy, arthroscopic decompression of the right shoulder, chiropractic care, multiple imaging tests, an EMG, two unspecified neck surgeries, epidural steroid injections, lumbar fusion with subsequent removal of hardware, and psychological treatment. Current diagnoses include lumbar radiculitis, cervical radiculitis, headaches, right shoulder pain, chronic pain, other, gastritis, obstructive sleep apnea, itching/intolerance of multiple opiates, and history of urinary incontinence xerostomia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend the use of Ultram for managing chronic pain. However, the criteria for on-going

management of opioids includes recording objective documentation of pain levels using the VAS scale, adverse side effects, changes in functional ability, aberrant behaviors, and frequent drug screening. In the medical records provided for review, the patient has GI upset and itching related to the use of opioids. There is also no objective documentation of changes in functional ability, nor are there any urine drug screens available. As such, the request for Ultram 50mg #120 is non-certified.

Neurontin 300mg, #90:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 17-21.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines recommend the use of Neurontin to treat painful neuropathy. However, guidelines also state that the patient should be asked at every clinical visit if there has been a change in pain levels or function. A recommended reduction of least 30% is needed in order to consider the medication effective. In the records provided for review, the patient rates his pain as an 8/10 with the medications and a 10/10 without. This is only a 20% decrease in his pain levels suggesting the medication is ineffective. Therefore, the request for Nuerontin 300mg #90 is non-certified.