

Case Number:	CM13-0032986		
Date Assigned:	12/06/2013	Date of Injury:	09/23/2012
Decision Date:	06/16/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 38-year-old male who reported an injury on 09/23/2012. The mechanism of injury was a motor vehicle accident. The resulting injuries were to his cervical and thoracic spine, as well as his left shoulder. He initially received x-rays of all areas that were negative, was prescribed medications, as well as received an initial 6 sessions of physical therapy, 6 sessions of acupuncture, both with no improvement, and 12 sessions of chiropractic with improvement. An unofficial EMG/NCV performed to the bilateral upper extremities revealed a right arm medial nerve entrapment. The patient is noted to have reached MMI on 03/26/2013. An official MRI report dated 08/05/2013 reveals a broad-based disc osteophyte complex with permanent right paracentral component measuring up to 2.5 mm at C5-6; otherwise, normal MRI. The patient continues to seek treatment for pain in the neck, upper back, and right shoulder that radiates to the right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRAM ER 150MG #30, WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of opioids in the treatment of chronic pain. According to the 09/09/2013 noted, Ultram ER was prescribed on this date as a long-acting pain medication. The patient is known to take Hydrocodone for breakthrough pain, and has had good results. Tramadol in particular, is found to decrease pain intensity, produce symptom relief, and improve function for a time period of up to 3 months. In using opioids, it is important that the 4 A's are addressed. The most recent clinical note dated 09/09/2013 states that the patient's current pain level is 6, least amount of pain is 4, average pain level is 6, intensity of pain is moderate, and he reports unspecified functional limitations when medications are not taken, but include any physical work. The patient did report a side effect of constipation from the use of the Norco; and therefore, it is reasonable to attempt another medication with fewer side effects. However, California MTUS/ACOEM Guidelines also state that when trying a new opioid, office visits should be done every 2 weeks for the first 2 to 4 months. In doing so, efficacy of the medication can be determined and the continuation of treatment can be planned. The last clinical note provided for review was dated 09/09/2013, and was the initial prescribing date for the tramadol. There were no follow-up notes determining the efficacy of the medication or any adverse side effects the patient may have experienced. Guidelines also recommend that a patient be started on the lowest possible dose of the medication; Ultram ER is suggested to begin at 100 mg once daily, and the current prescription is for 150 mg twice daily, as needed. Also, the extended release version is not generally utilized on an as needed basis. As such, the guideline recommendations are not met and the request for 1 prescription of Ultram ER 150 mg #30, with 2 refills between 09/09/2013 and 12/11/2013 is not medically necessary.