MAXIMUS Federal Services

Case Number:	CM13-0054031		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2012
Decision Date:	03/14/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in New York and 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 as 38-year-old male who reported an injury on 10/17/2012, after a fall from a ladder, which reportedly caused injury to the back, knee, and shoulder region. The patient's treatment history included physical therapy, injection therapy, medications, and trigger point injections. The patient's medications included Neurontin 300 mg, Valium 2 mg, Vicodin 5/500 mg, and tramadol 50 mg. The patient's physical findings included increased pain with cervical and lumbar range of motion, an antalgic gait, and painful and limited knee squat in addition to limited bilateral overhead movements due to pain. The patient's diagnoses included low back pain, cervical pain, and lumbar degenerative disc disease. The patient's treatment plan included continuation of medications, a home exercise program, and a urine drug screen to monitor the patient for medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

Decision rationale: The Chronic Pain Guidelines recommend that the use of opioids be supported by the documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has a pain contract with the treating physician, and the patient's most current treatment plan included a urine drug screen to monitor the patient for compliant behavior. However, the clinical documentation submitted for review failed to provide a quantitative assessment of the patient's pain relief with medication usage to support the efficacy of the medication schedule. Additionally, the documentation does not provide any evidence of significant functional benefit related to medication usage. Therefore, continued use would not be indicated. As such, the requested tramadol #120 is not medically necessary or appropriate.

Ninety (90) month supply of Valium: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The clinical documentation submitted for review does not indicate that the patient has been on this medication. However, the Chronic Pain Guidelines recommend benzodiazepines be used for short courses of treatment not to exceed four (4) weeks, due to the high risk of physical and psychological dependency. The requested ninety (90) month supply exceeds this recommendation. The clinical documentation submitted for review does not provide any exceptional factors to extend treatment beyond guideline recommendations. As such, the request is not medically necessary or appropriate.

Vicodin # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

Decision rationale: The Chronic Pain Guidelines recommend that the use of opioids be supported by the documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has a pain contract with the treating physician, and the patient's most current treatment plan included a urine drug screen to monitor the patient for compliant behavior. However, the clinical documentation submitted for review failed to provide a quantitative assessment of the patient's pain relief with medication usage to support the efficacy of the medication schedule. Additionally, the documentation does not provide any evidence of significant functional benefit

related to medication usage. Therefore, continued use would not be indicated. As such, the requested Vicodin #120 is not medically necessary or appropriate.