

Case Number:	CM13-0066594		
Date Assigned:	01/03/2014	Date of Injury:	03/14/1998
Decision Date:	05/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 60-year-old with date of injury March 14, 1998. The treating physician report dated October 30, 2013 indicates that the patient presents with chronic lower back pain with bilateral lower extremity radiculopathy status post L5/S1 fusion in 1984. The current diagnoses are Lumbar post-laminectomy syndrome with bilateral lower extremity radiculopathy in the L5 or S1 on the right and L4 and L5 distribution on the left, status post L5/S1 fusion, 1984, reactionary depression and anxiety, bilateral lower extremity radiculopathy, right greater than left, and medication induced gastritis/GERD (gastroesophageal reflux disease). The utilization review report dated November 15, 2013 denied the request for Ultram ER 150mg#30 and Doral 15mg #30 based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM ER 150 MG, THIRTY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section and Tramadol Section Page(s): 82,93-94,113.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine and lower extremities. The current request is for Ultram ER 150mg #30. The treating physician report dated October 30, 2013 does not indicate the patient's current level of pain only that a lumbar ESI (epidural steroid injection) performed on May 9, 2013 provided 75% pain relief. The treater states, "The patient is notably more active and has been cutting back on his pain medications by about 30-50%, overall, he has required very little Norco over the last couple of weeks." There is no documentation regarding the effectiveness of the prior usage of Ultram ER. The treating physician report states under Pharmacological Assessment and Management that the patient's medications have been titrated to the least amount possible and the patient is routinely reviewed for functional restoration, ADLs adverse effects and at risk behaviors. The Chronic Pain Medical Treatment Guidelines indicate that Ultram ER is indicated for moderate to moderately severe pain. The Chronic Pain Medical Treatment Guidelines states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at six month intervals using a numerical scale or validated instrument." The Chronic Pain Medical Treatment Guidelines also requires documentation of the four A's(Analgesia, ADL's [activities of daily living], Adverse effects and Adverse behavior). In this case, such documentation is not provided. The Chronic Pain Medical Treatment Guidelines further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. The request for Ultram ER 150 mg, thirty count, is not medically necessary or appropriate.

DORAL 15 MG, THIRTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Sectin. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: The patient presents with chronic pain affecting the lumbar spine and lower extremities. The current request is for Doral 15mg, thirty count. Doral is a benzodiazepine used as a sedative and muscle relaxant. The providing doctor states, "The patient is being tried on Doral 15mg instead of Ambien, as the patient cannot sleep without a sleeping aid. The Chronic Pain Medical Treatment Guidelines state, "Benzodiazepines--Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks." The Chronic Pain Medical Treatment Guidelines does not support the usage of this medication beyond 4 weeks so it is unclear why this medication will be used for a sleeping aid. The request for Doral 15 mg, thirty count, is not medically necessary or appropriate.

