

Case Number:	CM13-0069781		
Date Assigned:	01/03/2014	Date of Injury:	03/14/2012
Decision Date:	06/02/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Interventional Spine, 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 62-year-old male with date of injury of 03/14/2012. The listed diagnoses per [REDACTED] dated 11/18/2013 are: 1. Cervical multilevel disk protrusion with bilateral neuroforaminal stenosis from C1-T1. 2. Lumbar sprain/strain with radiation of pain to the left lateral lower extremity. 3. Right shoulder partial-thickness rotator cuff tear. 4. S/P left shoulder arthroscopy and rotator cuff repair. According to the progress report, the patient complains of cervical spine, lumbar spine, and right shoulder pain. The patient has been taking Anexsia and reports improvement in his pain levels from 9/10 to a 5/10 on a pain scale. Examination of the cervical spine reveals limited range of motion. There was tenderness to palpation over the trapezius and paravertebral muscles bilaterally. Spurling's test was positive bilaterally. There was tenderness to palpation and hypertonicity noted over the paraspinal muscles bilaterally. Shoulders reveal limited range of motion as well as tenderness to palpation over the acromioclavicular joint. The utilization review denied the request on 12/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG #60, 1-2 TABLETS EVERY 6 HOURS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 76-78.

Decision rationale: This patient presents with neck, back, and right shoulder pain. The treater is requesting Ultram for daytime pain. The MTUS Guidelines page 76-78 on the criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be provided. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the patient reports pain relief from 9/10 to 5/10 with opioid use and is requesting a less potent medication to be used during the day time. Recommendation is for authorization of the request trial of Ultram. The Ultram 50mg #60 is medically necessary and appropriate.

URINALYSIS: Overtured

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screen.

Decision rationale: For urinalysis, this patient presents with chronic neck, back, and right shoulder pain. The treater is requesting urinalysis. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG states, for low-risk opiate users, once-yearly urine screen is recommended following initial screen within the first 6 months. The review of reports do not show any recent or prior urine drug screen. In this case, ODG does support once-yearly urine drug screen when patients have been prescribed opioids. Recommendation is for authorization. The Urinalysis is medically necessary and appropriate.