

<b>Case Number:</b>	CM14-0005167		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/10/1990
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 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 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 injured worker is a 60-year-old female who reported an injury on 02/10/1990. The mechanism of injury was not provided. The injured worker's medication history included tramadol and MS Contin as of 2012. The documentation of 12/10/2013 revealed that the injured worker had a lumbar epidural steroid injection on 10/17/2013 which provided at least 60% to 70% relief at the low back and radicular symptoms to bilateral lower extremities. The pain was rated a 5/10. The documentation indicated the injured worker was routinely monitored for at risk behavior through random drug screens and cures report and the injured worker had a signed opioid contract. The injured worker was noted to be at risk for GI difficulty. The diagnosis was postlaminectomy syndrome of the cervical region. The treatment plan included Prilosec 20 mg #60, MS Contin 30 mg #120, and Ultram ER 150 mg #60 one tablet daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) PRESCRIPTION OF MS CONTIN 30MG #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Medications for Chronic pain, ongoing management, opio.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the medications included MS contin 30 mg and Ultram 150 mg. One tablet of Ultram ER would exceed guideline recommendations. The duration of use was noted to be greater than 1 year. There was a lack of documentation indicating the injured worker had objective improvement in function and an objective decrease in pain. There was evidence the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for MS Contin 30 mg #120 is not medically necessary.

**ONE (1) PRESCRIPTION OF ULTRAM ER 150 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2008), ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Medications for Chronic pain, ongoing management, opio.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the medications included MS contin 30 mg and Ultram 150 mg. One tablet of Ultram ER would exceed guideline recommendations. The duration of use was noted to be greater than 1 year. There was a lack of documentation indicating the injured worker had objective improvement in function and an objective decrease in pain. There was evidence the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 60 tablets. Given the above, the request for Ultram ER 150 mg #60 is not medically necessary or appropriate.