

Case Number:	CM14-0106291		
Date Assigned:	07/30/2014	Date of Injury:	06/08/2005
Decision Date:	08/29/2014	UR Denial Date:	06/22/2014
Priority:	Standard	Application Received:	07/09/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 06/08/2005. The mechanism of injury was not provided in the medical records. His diagnosis is cervicothoracic strain. His past treatments are noted to include a posterior decompression and fusion with instrumentation at L1-3, aquatic therapy, and medications. A urine drug screen was performed on 02/26/2014 and was negative for tramadol which was noted to be inconsistent as tramadol was a reported medication. On 06/04/2014, the injured worker presented with complaints of low back pain. His physical examination was noted to reveal tenderness to palpation of the low back and decreased range of motion. His medications were noted to include omeprazole and Ultracet. The treatment plan included medication refills and participation in home exercise program. A clear rationale for the request and the Request for Authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (Acute & Chronic).

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

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use and adverse side effects. The clinical information submitted for review indicated that the injured worker was utilizing tramadol an opioid medication. However, there was no documentation showing evidence of efficacy by numeric pain scales demonstrating pain relief and documentation showing increased function and ability to perform activities of daily living. In addition, the documentation did not indicate whether the injured worker had been using his medications appropriately and the urine drug screen submitted for review had inconsistent results which the documentation failed to address. In the absence of documentation addressing the injured worker's inconsistent urine drug screen and a detailed pain assessment with documentation proving efficacy in terms of decreased pain and increased function, continued use of Ultracet is not supported. In addition, the request failed to provide a frequency. For the reasons noted above, the request is non-certified.