

Case Number:	CM14-0014302		
Date Assigned:	02/26/2014	Date of Injury:	06/14/2011
Decision Date:	07/07/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 & Rehabilitation, and is licensed to practice in Minnesota. 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 53-year-old female who reported an injury on 06/15/2011. The mechanism of injury was reported to be repetitive motion. Per the progress note dated 01/28/2014, the injured worker continued to report constant neck pain rated at a 7/10, with radiation into the bilateral upper extremities and hands with numbness, tingling and tenderness. On physical examination, the left arm revealed weakness in the left deltoid with decreased light touch over the deltoid and trapezial muscles. Deep tendon reflexes were one plus in the biceps, brachioradialis and triceps bilaterally. An MRI (magnetic resonance imaging) of the cervical spine done in 01/2014 noted C4-7 anterior cervical decompression and fusion with mature interbody ankylosis. Degenerative disc and osteophyte disease were noted as well as facet arthropathy and ligamentum flavum redundancy, contributing to moderate C7-T1 spinal canal stenosis. Uncovertebral spurring and facet arthropathy were contributing to mild to moderate left C3-4 and moderate bilateral C7-T1 neural foraminal stenosis. X-rays of the cervical spine reported that the cervical plate at C4-7 had migrated into the C3-4 disc space and into the C3 bone. The evaluation note from the pain specialist dated 02/03/2014 reported the injured worker continued to report neck pain radiating down the bilateral upper extremities at a 7/10 with medications and a 9/10 without medications, unchanged from the previous visits. On physical exam of the cervical spine, there was tenderness noted on palpation to the cervical spine at C4-7. Range of motion was moderately limited due to pain. The upper extremity sensation was intact; strength was unchanged from the prior exam. Tinell's sign was positive on the right. The diagnoses for the injured worker include cervical radiculopathy; status post cervical spinal fusion; lumbar radiculopathy; right carpal tunnel syndrome; headaches; myositis/myalgia; chronic pain, other; and status post cervical fusion. The Request for Authorization for Medical Treatment for the Ultracet and the urine drug test as well as the provider's rationale for those

requests was not provided in the documentation. Previous treatments for the injured worker included surgery, medications, MRI and x-ray as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): table 11-7, Chronic Pain Treatment Guidelines Page(s): 88, 81, 93, 84, 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 80.

Decision rationale: Per the California MTUS Guidelines, opioids for chronic low back pain appear to be efficacious, but limited for short-term pain relief; and long-term efficacy greater than 16 weeks is unclear, but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. The patient should have at least one physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur. Ultracet, which contains Tramadol, is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesic drugs, such as Tramadol, are reported to be effective in managing neuropathic pain. There was a lack of documentation regarding other non-opioid medications that have been utilized for the injured worker and the efficacy of those medications. There was a lack of documentation regarding the timeframe that the injured worker had been utilizing this opioid and the efficacy of this opioid. The intended function of the opioid, whether for neuropathic pain or chronic low back pain, was not provided in the documentation. In addition, the request did not include the frequency information for the medication. Therefore, the request for Ultracet 37.5 mg (Quantity: 60.00) is non-certified.

URINE DRUG TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing.

Decision rationale: The California MTUS Guidelines recommend as an option using a urine drug screen to assess for the use of or the presence of illegal drugs. The use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control is recommended. Per the Official Disability Guidelines (ODG), patients at low risk of addiction or aberrant behavior

should be tested within 6 months of the initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, there was a lack of documentation regarding the rationale for this test. The documentation provided indicated that the injured worker had a drug screen on 01/11/2013 with no indication of aberrant behavior with medications. The injured worker is classified as a low risk; and as such, urine screens are recommended on a yearly basis. Therefore, the request for the urine drug screen is non-certified.