MAXIMUS Federal Services

Case Number:	CM14-0121093		
Date Assigned:	08/06/2014	Date of Injury:	07/13/2010
Decision Date:	09/17/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	07/31/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 66-year-old male with a reported injury on 07/13/2010. The mechanism of injury was not provided. The injured worker's diagnoses included post-laminectomy syndrome, lumbar region, lumbosacral spondylosis with myelopathy, sacroiliitis and chronic pain syndrome. The injured worker has had multiple previous treatments of opioids, epidural steroid injections x3, physical therapy, surgery, acupuncture. He has had past use of methadone. He did report that the physical therapy did help him and that his pain was normally at a level of 5/10. His surgical history was back surgery in 2010 and knee surgery in 2004. The injured worker had an examination on 07/15/2014 with complaints of pain in the low back, the left side worse than the right associated with stiffness and spasms, pain and numbness radiating into both of his lower extremities and right flank pain. His examination revealed that there was no new numbness, weakness or pain. There also was no report of drowsiness, constipation, headaches, jerkiness, nausea, vomiting or respiratory difficulty. His range of motion was limited due to pain. The range of motion to his extremities was full. There was tightness present to the lumbar region. The straight leg raise was positive bilaterally at approximately 60 degrees. The facet loading test was positive bilaterally. His list of medications included that he was on Norco and OxyContin previously and his current medication list included Tamsulosin, Levothyroxine and Naprosyn. The recommended plan of treatment was for him to have physical therapy, to have a home exercise program of walking daily, an MRI and to start the Ultracet. Noted was a history of drug abuse in both prescription and illegal and there was not a urine drug screen provided for review. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acetaminophen (Ultracet) 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter (Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The California MTUS Guidelines recommend for ongoing monitoring of opioids for the documentation of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The guidelines also recommend consideration of a consultation with a multiple disciplinary pain clinic if the doses of opioids are required beyond what is usually required for the condition or pain does not improve within 3 months. The guidelines recommend discontinuing opioids if there is no overall improvement in function, there is decrease in function, and immediate discontinuation if there is evidence of illegal activity. The guidelines recommend for chronic back pain, opioids are limited for short term pain relief and long term efficacy is unclear for beyond 16 weeks but also appeared to be limited. There was not a pain scale provided as far as efficacy of the medications. The side effects were assessed and there were no complaints of side effects. There was not a urine drug screen test provided, although it was reported that the injured worker does have a history of drug abuse, both prescription and illegal drugs. There is not an overall improvement of function that was documented. Furthermore, the request as submitted does not provide the frequency of the medication. There is lack of evidence to support the number of 90 pills without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request for the tramadol/acetaminophen. Therefore, the request for the tramadol/acetaminophen is not medically necessary.