

Case Number:	CM14-0128539		
Date Assigned:	08/15/2014	Date of Injury:	12/21/2006
Decision Date:	09/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

54y/o male injured worker with date of injury 12/21/06 with related neck, left shoulder, and back pain. Per progress report dated 7/11/14, he was concerned that something was wrong because his symptoms were worsening. He reported that he was having more difficulty doing things. He reported that he was dropping things and feeling weaker overall. He described his neck pain as a constant aching with stabbing pain. He reported having significant spasms into his neck and mid back. He rated his pain as 9/10 in intensity, 8/10 with medications. Per physical exam, sensation was diminished in the C6-C7 dermatome. Tenderness to palpation of the occiput and cervical paraspinal muscles with significant myofascial restrictions and muscle tightness were noted. CT scan of the cervical spine dated 6/4/14 revealed anterior fusion plate C4-C7; failure of fusion of the disc at C6-C7; C7 vertebral body plate screws were fractured; C2-C3 facet joint ankylosis; rheumatoid arthritic changes at C3-C4 and C4-C5 facet joints. Treatment to date has included physical therapy and medication management. The date of UR decision was 7/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 200 mg 1 po daily #30, prescribed 7/3/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78,93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 12/8/13, it was noted that an 11/7/13 UDS tested positive for methamphetamine use. The injured worker did admit to methamphetamine use at a party. He stated that he understood per his signed opiate agreement that he would be discontinued from opiate medication management. The request is not medically necessary.