

Case Number:	CM14-0152301		
Date Assigned:	09/22/2014	Date of Injury:	06/09/2010
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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 Illinois. 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 54-year-old male with a reported date of injury on 06/09/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar sprain, lumbosacral neuritis, cervical disc displacement, and displacement of lumbar intervertebral disc without myelopathy. His previous treatments were noted to include medications. The progress note dated 09/03/2014 revealed complaints of neck pain that radiated to the bilateral upper extremities. The physical examination revealed positive paravertebral muscles to the bilateral upper trapezius with guarding and spasm. There was positive Spurling's. The lumbar spine was noted to have positive paravertebral muscle spasms and a positive bilateral straight leg raise. The sensory examination to the L5-S1 dermatomal distribution was diminished. There was a diminished lumbar range of motion noted. The injured worker indicated with pain medications, his pain rated 4/10 and without medications his pain rated 8/10. The injured worker indicated with medications he was able to perform his activities of daily living and participate in the home exercise program and improve the sleep pattern. The Request for Authorization form was not submitted within the medical records. The retrospective request was for Ultram ER 150 mg #30 on 09/03/2014 for treatment of chronic low back pain, nociceptive pain, and chronic pain syndrome and Fexmid 7.5 mg #60 for treatment of muscle spasms, increase activity and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultram ER 150mg #30 on 9/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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

Decision rationale: The retrospective request for Ultram ER 150 mg #30 on 09/03/2014 is not medically necessary. The injured worker complains of neck pain and back pain. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated with medications his pain level rated 4/10 and without medications rated 8/10. The injured worker indicated with medications he was able to perform his activities of daily living and participate in his home exercise program. There is lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief and improved functional status, without details regarding side effects and urine drug screens to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.