

Case Number:	CM14-0169698		
Date Assigned:	10/17/2014	Date of Injury:	02/09/2004
Decision Date:	11/24/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family 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:

The patient is a 57 year old with an injury date on 2/9/04. Patient complains of ongoing low lumbar pain rated 6-7/10, and bilateral leg pain rated 6-7/10, both back/leg pain worse on the left side per 8/27/14 report. Patient is currently taking Hydrocodone, which is helping with pain, and Tramadol, which is not helping per 8/27/14 report. Based on the 8/27/14 progress report provided by [REDACTED] the diagnoses are: 1. trigger points 2. Lumbar myofascial syndrome 3. S/p arthrodesis with hardware removal 4. Possible residual fluid collection Exam on 8/27/14 showed "L-spine range of motion is restricted with flexion at 20 degrees." Patient's treatment history includes [REDACTED] is requesting one consultation with plastic surgeon, and one prescription of Ultram 50mg #60 with two refills . The utilization review determination being challenged is dated 9/30/14 and certifies request for plastic surgeon consult as patient was already approved for surgical consultation with plastic surgeon regarding a seroma in October 2013, but this consultation has yet to happen. [REDACTED] is the requesting provider, and he provided treatment reports from 11/20/13 to 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Consultation with Plastic Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM; 2nd Edition, (2004) ACOEM Guidelines, Chapter 7, page 127

Decision rationale: This patient presents with lower back pain, and bilateral leg pain. The treater has asked for one consultation with plastic surgeon on 8/27/14 "for the fluid collection to his low back." This condition has needed to be remedied since the original request dated October 2013, as "fluid collection. Is still plaguing him with pain and difficulty." Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient has a collection of fluid in his low lumbar area, for which a consultation with a plastic surgeon may be helpful in moving the case forward. The requested one consultation with plastic surgeon is reasonable for this type of condition. Recommendation is for authorization.

One prescription of Ultram 50 mg # 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with lower back pain, and bilateral leg pain. The treater has asked for one prescription of ultra 50mg #60 with two refills on 8/27/14. Patient has been taking Ultram since 16/18/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient indicates Tramadol is not helping with pain per 8/27/14 report. In addition, there is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.