

Case Number:	CM14-0184095		
Date Assigned:	11/12/2014	Date of Injury:	08/15/2011
Decision Date:	12/18/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 44-year-old man who sustained a work-related injury on August 15, 2011. Subsequently, he developed with the chronic neck and low back pain. Prior treatments have included: medications, TENS unit, hot and cold packs, past surgical interventions, and a back brace. According to a progress report dated October 9, 2014, the patient stated that his back pain was daily at 8/10. He admitted to frequent spasms as well as frequent numbness and tingling. An MRI of the cervical spine showed disc disease at C3-4, C5-6, and C6-7. An MRI of the lumbar spine from 2013 showed lumbar spondylolisthesis of L5 on S1 and herniation at L4-5. This patient, at one point, was recommended disc replacement at L4-5 and fusion at L5-S1. The patient as not in acute distress. Lumbar flexion was to 25 degrees and extension to 10 degrees. The patient was diagnosed with discogenic neck condition with disc disease at C3-4, C5-6, and C6-7, thoracic sprain, discogenic lumbar condition with spondylolisthesis at L5-S1, and chronic pain syndrome. The provider request authorization for CBC, CMP and UA, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC, CMP and UA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78, 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation of drug abuse or aberrant behavior. There is no rationale provided for requesting UDS test. Therefore, the UDS is not medically necessary. In addition, there is no documentation that the patient has electrolyte imbalance or anemia that required the request for CBC and CMP. Therefore, the request for CBC, CMP and UA is not medically necessary.

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of pain and functional improvement with previous use of the Tramadol. There is no clear documentation of continuous documentation of patient compliance with his medications. Therefore, the prescription of Ultram 50mg is not medically necessary.

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MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
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