

Case Number:	CM14-0020087		
Date Assigned:	04/25/2014	Date of Injury:	02/26/2011
Decision Date:	07/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 44 year old male who reported an injury on 02/26/2011. The mechanism of injury was not provided in the clinical documentation. Per the clinical note dated 11/26/2013 the injured worker reported ongoing lower back pain, stating the pain was localized to the right side of the back. He reported severe cramps in the back and pain radiating to bilateral legs with the right greater than left with numbness and a heavy sensation at times. The injured worker was prescribed Mobic for inflammation and ultracet for pain; he reported taking 1-2 tabs twice daily for pain. The injured worker reported a 50% functional improvement with the pain medications, and rated his pain as 8/10 on that day. Per the MRI dated 09/03/2013 the injured worker had congenitally short pedicles throughout the lumbar spine which predisposes him to spinal stenosis. The L4-L5 and L5-S1 areas showed broad-based protrusions, facet arthropathy, and mild to moderate central canal and moderate lateral recess stenosis. Per the procedure note dated 01/15/2014 the injured worker had an epidural injection to the right L5-S1 interlaminar area. Per the clinical note dated 02/03/2014 the injured worker stated the epidural injection helped the leg pain but not the back pain. The request for authorization for medical treatment was dated 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST; CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88-89, 93-94.

Decision rationale: Per the CA MTUS Guidelines Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be maintained. 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. There is a lack of documentation regarding the efficacy of the ultracet, there is subjective data from the injured worker that the medication helps him function; however, there is a lack of objective data to support this claim. The requesting physician did not include an adequate and complete pain assessment. There is a lack of documentation regarding the frequency of the medication used and the length of time between dosages. Therefore the request for Ultracet 37.5/325mg #60 is non-certified.