

Case Number:	CM14-0020832		
Date Assigned:	04/30/2014	Date of Injury:	09/03/2003
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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 Texas and 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 patient is a 57 year old who was injured on 9/3/2003. The diagnoses listed are low back pain, left shoulder pain, neck pain and headache. [REDACTED] documented that the patient had decreased in medications utilization, improved sleep with increased ADL following PT and chiropractic treatments. The patient is currently doing home exercises. On 1/28/2014, [REDACTED] noted that there was no functional gain with medications management. There was no change in symptoms when the hydrocodone dosage was decreased from 7.5mg to 5mg. The patient was scheduled for follow up clinic visits when needed. A Utilization Review determination was rendered on 2/10/2014 recommending modified certifications for Vicodin 5/300mf #60 to 2 refills to #45 and Ultram 50mg#60 2 refills to #45 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/300 MG#60 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Opioids could be utilized for short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. The required documentation during chronic opioid treatment should include regular clinic evaluation reports, improvement in ADL and compliance monitoring measures such as Pain Contract, UDS and absence of aberrant behavior. This patient was reported to have significant symptom improvement with PT and chiropractic treatments but not with medications. She is being scheduled for clinic visit only when needed and not regularly as required for MTUS guidelines. There is no documentation of compliance measures monitoring. The criteria for continuation of treatment with Vicodin 5/300mg #60 2 refills was not met. Therefore, the request is not medically necessary.

ULTRAM 50MG #60 ,2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 42-43, 79-81, 111,124.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Ultram is a formulation of tramadol with less opioid addictive and sedative properties than pure opioid agonists. This advantage is lost when tramadol is utilized concurrently with pure opioid medications such as hydrocodone. The required documentation during chronic opioid treatment should include regular clinic evaluation reports, improvement in ADL and compliance monitoring measures such as Pain Contract, UDS and absence of aberrant behavior. This patient was reported to have significant symptom improvement with PT and chiropractic treatments but not with medications. She is being scheduled for clinic visit only when needed and not regularly as required for MTUS guidelines. There is no documentation of compliance measures monitoring. The criteria for continuation of treatment with Ultram 50mg #60 2 refills was not met. Therefore, the request is not medically necessary.