

Case Number:	CM14-0025007		
Date Assigned:	06/11/2014	Date of Injury:	09/27/2003
Decision Date:	08/05/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old male who reported an injury on 09/27/2003 due to cumulative trauma. On 02/03/2014, the injured worker presented with frequent pain in the cervical spine, lumbar spine, left shoulder and left knee. The injured worker stated that Anexsia helps his pain from a 9 to a 2 and tramadol takes the pain from a 9 to a 3. Upon examination, the injured worker was positive for fatigue, weakness and trouble sleeping. He has complaints of headaches and back pain along with a sore throat and pain and stiffness in the neck. The injured worker had swallowing difficulties, changes in the bowel habits, rectal bleeding, and constipation and was positive for erectile dysfunction. He reported calf pain with walking and leg cramping along with muscle and joint pain, stiffness, back pain, and trauma. On examination of the cervical spine, the shoulder depression test was positive with normal strength bilaterally and normal sensation bilaterally with decreased sensation to the C7 and C8 dermatomes. Examination of the lumbar spine revealed decreased range of motion with positive Kemp's sign and a positive straight leg raise. Examination of the left shoulder revealed decreased range of motion, a positive empty can test and tenderness over the scapula. The diagnoses were chronic cervical musculoligamentous sprain/strain, anterior cervical fusion decompression of the cervical spine, lumbar disc annular tear, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, bilateral chondromalacia patella, status post fall injury to the right shoulder, right shoulder arthroscopic subacromial decompression, and status post left knee arthroscopic surgery with medial meniscal repair. The provider recommended retrospective Anexsia and Ultram for the date of service 01/09/2014, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anexsia (Hydrocodon/APAP 7.5/325mg)#180 dispensed on 1/9/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The included documentation notes that the injured worker has had a significant amount of side effects due to his medication. Evaluation for risk of aberrant drug abuse, behavior and side effects were not evaluated. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, the request for Anexsia (Hydrocodon/APAP 7.5/325mg) #180 dispensed on 1/9/2014 is not medically necessary and appropriate.

Ultram (Tramadol 50mg) #120 dispensed on 1/9/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The included documentation notes that the injured worker has had a significant amount of side effects due to his medication. Evaluation for risk of aberrant drug abuse, behavior and side effects were not evaluated. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, the request for Ultram (Tramadol 50mg) #120 dispensed on 1/9/2014 is not medically necessary and appropriate.