MAXIMUS Federal Services

| Case Number: | CM14-0030813 | | |
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| Date Assigned: | 07/23/2014 | Date of Injury: | 03/12/2012 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 03/11/2014 |

## 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 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 injured worker is a 45 year old male who had a work related injury on 03/12/12. He worked as a forklift operator, sustained repetitive trauma to his low back, resulting in injury to his low back radiating to the right lower extremity. The patient was evaluated with pain management and epidural steroid injections was administrated. He underwent surgical laminectomy and discectomy at L5-S1. MRI dated 01/27/14 revealed disc desiccation and 5mm disc bulge at L4-5. Bilateral neural foraminal narrowing and facet hypertrophy. At L5-S1 there was disc desiccation and 4mm disc bulge with bilateral neural foraminal narrowing and facet hypertrophy. At L3-4 there was disc desiccation and broad based disc bulge measuring 3mm. Disc material extended bilaterally to the left of midline. There was left greater than right neural foraminal narrowing and bilateral facet hypertrophy. The most recent clinical documentation submitted for review was dated 02/05/14. The injured worker was in for painful condition about the low back radiating into the right lower extremity. He had numbness at the plantar aspect of the right foot with weakness in ankle eversion. Physical examination lumbar spine had tenderness and spasm in the right low back. Flexion was 40 degrees, extension 20 degrees, and bilateral lateral bending was 20 degrees. Pain was reproduced with motion. Lasegue test was positive on the right. Weakness was noted in the ankle eversion. Sensation was decreased in plantar aspect of the right foot. Diagnoses disc protrusion, 5mm L4-5 and L5-S1 with right sided S1 radiculopathy. Current request was for Ultram ER 150mg #30, Dilaudid 4mg, and Senokot S. Prior utilization review dated 02/18/14 Senokot was denied, Ultram tramadol and Dilaudid were modified for initiation of weaning. In review of all the clinical documentation submitted for review for submitted, there was no clinical documentation of functional improvement or VAS scores with and without medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #30:** 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 Page(s): ) 74-80.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. These medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore, medical necessity of this request has not been established.

**Dilaudid 4mg:** 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 Page(s): 74-80.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. These medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore, medical necessity of this request has not been established.

**Senokot S:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH000099/.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioid-induced constipation treatment.

**Decision rationale:** The request for Senokot S is predicated on the initial request for Tramadol, Diludid, as these medications have not been found to be medically necessary, the subsequent request is also not medically necessary.