

Case Number:	CM14-0034186		
Date Assigned:	03/24/2014	Date of Injury:	02/16/2012
Decision Date:	05/28/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/09/2013

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 Anesthe and is licensed to practice in Texas. 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 60 year old female who was injured on 02/16/12 while bending over to clean a toilet; this resulted in mid and low back pain. The patient underwent acupuncture, physical therapy, medication management, and multiple epidural steroid injections following the initial injury. Current diagnoses included lumbago, lumbar disc displacement without myelopathy, and thoracic/lumbosacral neuritis or radiculitis. A clinical note dated 3/4/14 indicated that the patient was status post L4-5 epidural steroid injection with complete resolution of leg pain and radicular symptoms; however, she reported ongoing low and thoracic spine pain. The patient continued to take some level of medications for her back pain. Clinical documentation indicated that the patient was able to demonstrate accurate pain control and ability to function and perform household and hygienic activities of daily living with quality of life on Tramadol ER. An increase in physical and psychosocial functioning was also noted. The medical records provided for review included a narcotic agreement, cures/par reports, yearly liver function tests, and random urine toxicology screens performed to monitor compliance. A clinical note indicated that the patient continued to show improved function and reduced pain levels with no evidence of escalation. Current medications included Tramadol 15mg twice a day and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TRAMADOL ER 150MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Clinical documentation indicated that the patient was able to demonstrate accurate pain control and ability to function and perform household and hygienic activities of daily living with quality of life on tramadol ER. Increased physical and psychosocial functioning was also noted. The medical records provided for review included a narcotic agreement, cures/par reports, yearly liver function tests, and random urine toxicology screens performed to monitor compliance. Clinical documentation indicated that the patient continued to show improved function and reduced pain levels with no evidence of escalation. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Tramadol ER is medically necessary.

60 ULTRACET 37.5/325MG TWICE DAILY AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. Clinical documentation dated 3/4/14 indicated that the patient was able to demonstrate accurate pain control and ability to function and perform household and hygienic activities of daily living with quality of life on tramadol ER. It was also noted an increase in physical and psychosocial functioning due to an extremely low dose and relatively weaker compared to hydrocodone based medications. There was no documentation regarding the efficacy or use of Ultracet. As such, the request for Ultracet is not medically necessary.