

Case Number:	CM14-0050261		
Date Assigned:	06/25/2014	Date of Injury:	10/27/2000
Decision Date:	07/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/25/2014

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 Psychiatry 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:

42 year old male injured worker with date of injury 10/27/00 with related back pain. Per a 2/13/14 progress report, the injured worker rated the intensity of his pain 8-9/10. He described his pain as burning, shooting pain, with numbness and tingling. He noted that he also experienced pain in the neck and mid back, and continued to experience anxiety and depression. Per physical exam, objective findings included: palpable spasms of the thoracic and lumbar spinal regions; limited lumbar range of motion in all planes; decreased sensation to touch in the bilateral thighs; painful limited range of motion and swelling of the right elbow. He had been authorized to undergo a multi-disciplinary pain program in 1/2013, which included cognitive behavioral therapy and physical therapy. In 3/2013, he was authorized to participate in a functional restoration program. The patient's current medications included Celebrex, Pamelor and Ultram. The records indicate that the patient's use of opioids had been discontinued, however he presented in 10/2013, requesting strong pain medication. The patient was prescribed Ultram, however a urine drug screen (UDS) was conducted and failed to detect Ultram in the patient's system. The date of UR decision was 3/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Ultram 50mg, #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 78, 93 Page(s): 78,93.

Decision rationale: Review of the available medical records reveals no documentation to support the medical necessity of Ultram. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity. Efforts to rule out aberrant behavior are necessary to assure safe usage and establish medical necessity and are present in the form of serial UDS. UDS dated 11/27/13 and 2/19/14 were inconsistent, and the prescribed medication Ultram was not detected. There is no documentation comprehensively addressing pain relief and functional improvement in the records available for review. Guidelines recommend discontinued opioid use if there is no overall improvement in function; therefore this request is not medically necessary. It should be noted that the UR physician has certified a modification of this request for the purpose of weaning.

Four (4) Cognitive behavioral therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, page(s) 23, 100-102 Page(s): 23,100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Upon review of the submitted documentation, it is gathered that the injured worker has had at least 30 psychotherapy sessions of a multidisciplinary program that included cognitive behavioral therapy (CBT), and that he lost interest in his rehabilitation as evidenced by arriving late, leaving early, and at times being truant from treatment. The injured worker also showed little enthusiasm for efforts made for placing him back into positions of gainful employment. Considering this information, as well as the guideline recommendations, additional CBT sessions are not appropriate or medically necessary.