

Case Number:	CM14-0050825		
Date Assigned:	07/07/2014	Date of Injury:	08/18/2009
Decision Date:	08/27/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 Neurology 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 on this case is a 51 year old male with a reported date of injury of 8/18/1999. The patient is reported to have post laminectomy pain syndrome, spinal stenosis and chronic pain syndrome. The patient is reportedly able to ambulate up to one quarter mile at a time and is able to do light duties around his home. His physical examination is notable for a reported pain level of three to four out of ten while taking medications, but reports the pain was severe during a period of four to five days in November of 2012 when he was not able to obtain pain medications. The patient demonstrates limited forward flexion (reported at 30 degrees) on examination. The patient has been treated with Ultram and Percocet for at least the last two years (in the notes provided) and previously was prescribed Diazepam to control muscle spasticity. Per the progress note of 2/4/2014, this was recently changed to Methocarbamol. The patient has also been compliant with his routine visits with his provider at three month intervals. The documentation does not provide evidence of counseling with the patient about long term use of opioids nor is there an objective assessment of functional improvement with the long term use of pain medications. A previous request for prescribing Percocet, Ultram and Methocarbamol was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRAM 50MG #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol) P. 84 Page(s): 84.

Decision rationale: With regards to the long term use of Ultram, the Chronic Pain Medical treatment guidelines indicate that Ultram can produce symptom relief and improved function but benefits are typically small. In addition, there are no long term studies to which support a recommendation for use longer than three months duration. In this particular case, the patient has been using Ultram at least for the past two years per the notes provided. This is not consistent with the recommended guidelines and is not medically necessary.

1 PRESCRIPTION OF PERCOCET 5/325MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment p.88-89 Page(s): 88-89.

Decision rationale: Although the patient has been taking Percocet for a long period of time (at least two years), there is no documentation provided of other specific treatments that have been attempted since initiating the Percocet. In addition the patient has been on opioids for greater than 6 months and there is no clear documentation of a signed pain agreement with specific goals of care. This lack of evidence is not consistent with the Chronic Pain Medical Treatment Guidelines for long term Opioid use. This request is not medically necessary.

1 PRESCRIPTION OF METHOCARBAMOL 500MG WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) p.63, Methocarbamol p. 65 Page(s): 63, 65.

Decision rationale: Although the patient has used Benzodiazepines in the past for control of muscle spasm, the guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. The patient has used muscle relaxants in the past for this condition for an extended period of time and not just for short term use. In addition, the effect of Methocarbamol is sedating and is not consistent with the guidelines even if it were prescribed for short term treatment. The request for a prescription of Methocarbamol is not medically necessary.