

Case Number:	CM14-0079867		
Date Assigned:	07/18/2014	Date of Injury:	12/01/2010
Decision Date:	08/25/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/30/2014

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 Emergency 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 patient is presented with a date of injury on 12/1/2010. No mechanism of injury was provided. Patient has a diagnosis of fibromyalgia, lumbar sprain/strain with bilateral lower extremity radiculopathy, bilateral sacroiliac sprain and cervical spine sprain with radiculopathy. Medical records reviewed. Last report available until 4/14/14. Most of the report are hand written template notes with very limited documentation. Report states that low back pain is pretty well controlled with meds. Pain is 7/10 and is the same and unchanged. Pain is noted as dull and frequent with radiation to neck, shoulders and elbow. Pain with meds is noted as 5-6/10 and is checked off as able to perform ADLs. No noted side effects from medications. Objective exam reveals tenderness to paraspinal and bilateral SI joints. Negative Straight leg raise, no swelling. Pain with SI stress, range of motion is limited. Urine Drug screen on 4/18/14 was appropriate for Tramadol. No complete medication list was provided. No advance imaging or electrodiagnostic reports was provided. Prior UR on 5/5/14 recommended partial certification of Ultram to #60 tablets and non-certified urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids> Page(s): 76-79.

Decision rationale: As per MTUS Chronic Pain Medical Treatment Guidelines, there are specific guidelines concerning management of chronic pain with opioids that should be followed while patient is on opioid therapy. Patient meets criteria for continuation of opioids for chronic pain control with appropriate documentation of appropriate review of side effects, pain improvement and appropriate monitoring of aberrant behavior. Guidelines recommend visits to treating physician every 1-2months and lengthened out as therapy is stabilized. The use of Tramadol in this case meets MTUS chronic pain guideline criteria for monitoring for treatment. Therefore the prescription for Ultram 50 mg # 120 is medically necessary and appropriate.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing> Page(s): 43.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that drug testing is recommended as an option to monitor chronic opioid use for illegal drug use and for long term monitoring in chronic pain management. In this case, the patient just had a recent UDS on 4/18/14 that was appropriate. There is no documentation of concern for aberrant behavior and there is no documentation as to why another UDS was requested so close to prior UDS with no concerns. Therefore, the request for a Urine Drug Screen (UDS) is not medically necessary and appropriate.