

Case Number:	CM14-0081791		
Date Assigned:	07/28/2014	Date of Injury:	03/10/2003
Decision Date:	09/12/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 51-year-old male who reported an injury on 03/10/2003. The mechanism of injury was not provided within the documentation submitted for review. It was noted he had a diagnosis of lumbar spine musculoligamentous sprain/strain. Prior treatments were noted to be medications and a back brace. The subjective complaints were noted to be lumbar spine pain rated a 6/10 to 7/10 with constant unchanged duration since prior visit. The injured worker takes Norco 3 tablets a day and Ambien at night. He reported improvement in his pain level from 7/10, to 4/10 to 5/10, on a pain scale of 0 to 10 after taking medication. The objective data included the injured worker ambulated and moved around without difficulty. Examination of the cervical spine revealed tenderness in the midline with limited range of motion because of pain. Examination of the lumbar spine revealed tenderness in the midline because of pain. He had limited range of motion due to pain. He had bilateral paraspinal musculature, hypertonicity. His gait was normal. Neurologically, both lower extremities were normal. The treatment plan was for a back brace, urine toxicology screen, and medication refills. The provider's rationale for the request was noted within the clinical examination. A Request for Authorization Form was provided and dated 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive Ultram (Tramdol 50mg) Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid (On-Going Management) Page(s): 78.

Decision rationale: The request for retroactive Ultram (tramadol 50 mg) quantity 60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide four domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The Primary Treating Physician's Progress Report dated 07/19/2014 fails to provide an adequate pain assessment. A pain assessment should include current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request for retrospective Ultram fails to indicate a dosage frequency. As such, the retrospective request for Ultram (tramadol 50 mg) quantity 60 is not medically necessary.

Retroactive Urine Toxicology Screen: Overturned

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

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

Decision rationale: The request for retrospective urine toxicology screen is medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, using a drug screen to assess for the use or presence of illegal drugs. The guideline notes use of urine drug screen and recommends this with ongoing management of opioids. This drug testing indicates differentiation, dependence, and addiction with opiates; therefore, the guidelines recommend screening for risk of addiction and misuse. As such, the request for retroactive urine toxicology screen is medically necessary.

Retroactive Fluriprofen/Tramadol/Ranitidine 100/100/100mg Qty 90: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The request for retroactive flurbiprofen/tramadol/ranitidine 100/100/100 mg quantity 90 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation does not indicate a failed trial of antidepressants or anticonvulsants. The provider failed to indicate a dosage frequency. As such, the request for retroactive flurbiprofen/tramadol/ranitidine 100/100/100 mg quantity 90 is not medically necessary.

Retroactive Kera-Tek Analgesic Gel: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The request for retroactive Kera-Tek analgesic gel is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation does not indicate a failed trial of antidepressants or anticonvulsants. The provider failed to indicate a dosage frequency. Therefore, the request for retroactive Kera-Tek analgesic gel is not medically necessary.