

Case Number:	CM14-0090565		
Date Assigned:	07/23/2014	Date of Injury:	12/08/2010
Decision Date:	09/11/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 a 48 year-old male with a date of injury of 12/06/2010. The listed diagnoses per [REDACTED] are: 1) Neck pain 2) back pain 3) LUE weakness ulnar vs. C8. According to progress report 05/12/2014, the patient presents with left foot, left leg, left knee, left arm, head and low back pain. He has numbness in his legs and feels aching in all his toes. Bending forward and standing are difficult for him, he is utilizing a walker for support. He is learning to cope with his pain and medications help keep his mind off the pain. His medication regimen includes: Nucynta ER 150mg, Tramadol 50mg, Oxycodone IR 20mg, Ibuprofen 800mg and Omeprazole. Pain is decreased from 8-9/10 to 5-6/10 with medications. Patient reports medications help. Treater is requesting refill of Tramadol 50mg #240, Oxycodone IR 20mg #90 and referral to a chiropractor. Utilization review denied the request on 06/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with left foot, left leg, left knee, left arm, head and low back pain. The treater is requesting a refill of Tramadol 50mg #240. MTUS guideline pg 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. In this case, review of the medical file indicates the patient is concurrently taking tramadol and Oxycodone. It is unclear as to why tramadol is being prescribed, a weak synthetic opioid, when the patient is already taking a strong opioid. The physician does not mention what tramadol is doing for this patient in terms of pain and function. The physician does not provide pain assessment, outcome measure, and functional assessment for chronic opioid use. Therefore, Tramadol 50mg #240 is not medically necessary.

Oxycodone IR 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with left foot, left leg, left knee, left arm, head and low back pain. The treater is requesting a refill of Oxycodone IR 20mg #90. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical file indicates the patient has been prescribed this medication since at least 12/18/13. Progress reports 11/18/2013 through 05/12/2014 were reviewed. The treater, in his monthly progress reports, indicates patient continues with pain and requests a refill of medication; however, does not provide specific functional improvement from taking Oxycodone. Furthermore, no specific ADL changes are documented to determine whether or not significant functional improvements are achieved. Analgesia is reported using a numerical scale, but outcome measures are not provided. The treater also does not include an opiate monitoring such as urine drug screening. Given the lack of documentation demonstrating efficacy from chronic opiate use, therefore, Oxycodone IR 20mg #90 is not medically necessary.

Referral to chiropractor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: This patient presents with left foot, left leg, left knee, left arm, head and low back pain. The treater is requesting a referral to a Chiropractor. The MTUS Guidelines recommend as an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6 weeks. Review of the medical file indicates the patient has had prior chiropractic treatment. On 01/13/2014, treater recommended patient continue chiropractic. The patient reported Chiropractic sessions helped. In this case, there is no documentation of functional improvement from prior treatment. Furthermore, the treater does not discuss return to work plan or decrease of medication from prior treatments. Given the lack of discussion of improvement from prior chiropractic visits, additional treatments cannot be recommended. Therefore, Referral to chiropractor is not medically necessary.