

Case Number:	CM14-0187211		
Date Assigned:	11/17/2014	Date of Injury:	01/15/2014
Decision Date:	01/16/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 22-year-old male who has submitted a claim for cervical spine musculoligamentous sprain and strain, right upper radiculitis, right shoulder strain with impingement, right wrist and hand sprain, thoracic spine and musculoligamentous sprain and strain, right lower extremity radiculitis, right sacroiliac joint pain, and status post right knee contusion and strain associated with an industrial injury date of January 15, 2014. Medical records from 2014 were reviewed. The patient complained of back pain associated with numbness and tingling sensation towards bilateral lower extremities. Aggravating factors included sitting, standing, and stooping activities. Alleviating factors included rest, home exercise program, and medications. The pain was rated 5/10 in severity. Physical examination of the lumbar spine showed tenderness, limited motion, and positive straight leg raise test bilaterally, and diminished sensation at the right lower extremity. Treatment to date has included chiropractic care and medications such as Anaprox, Norco, and Ultram. The utilization review from October 17, 2014 denied the retrospective request for Ultram 50mg, 1-2 tablets every 6 hours as needed #120 because of no evidence of functional improvement with medication use. There was also no plan to taper the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultram 50mg, 1-2 tablets every 6 hours as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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. In this case, the patient was prescribed Ultram as adjuvant therapy to Norco and Anaprox. However, the medical records did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen was likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. The date of service for review of the retrospective request was also not specified. Therefore, the retrospective request for Ultram 50mg, 1-2 tablets every 6 hours as needed #120 was not medically necessary.