

Case Number:	CM14-0188174		
Date Assigned:	11/18/2014	Date of Injury:	03/06/2012
Decision Date:	01/07/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 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:

This 65 year old woman sustained an industrial injury on 3/6/2012 which resulted in the diagnoses of degeneration of lumbar or lumbosacral intervertebral disc, disorders of cervical region, lumbago, degeneration of cervical intervertebral disc, cervicgia, and intervertebral disc disorder with myelopathy. Physician notes from 10/1/2014 state that 4/6 chiropractic visits have been completed with noted functional improvement and only has the need to take the pain medicine on "bad days". Recommendations include continuing medications, complete chiropractic visits and stay active, possible epidural steroid injection in the future, urine drug screen and follow up in two months. It was also noted that a one month supply of Ultracet was lasting the worker two months. On 11/5/2014, Utilization Review evaluated a prescription for retrospective Ultracet 37.5/325 mg #60. The physician noted that there was no documentation of functional improvement with use of the Ultracet and no documentation of an opioid agreement. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for medication review for Ultracet 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: This 65 year old woman sustained an industrial injury on 3/6/2012. Diagnoses include lumbosacral intervertebral disc degeneration/ lumbago; cervical intervertebral disc degeneration with myelopathy/ cervicalgia. Conservative care has included medications, therapy, injection, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 10/1/14 from the provider noted continued ongoing pain; the patient had 4/6 chiropractic visits completed with noted functional improvement and only has the need to take the pain medicine on "bad days". Recommendations include continuing medications, complete chiropractic visits and stay active, possible epidural steroid injection in the future, urine drug screen and follow up in two months. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2012 injury without acute flare, new injury, or progressive deterioration. The Retrospective review for medication review for Ultracet 37.5/325mg #60 is not medically necessary and appropriate.