

Case Number:	CM14-0189654		
Date Assigned:	11/20/2014	Date of Injury:	01/16/2009
Decision Date:	02/03/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/13/2014

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, 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 26 year old female with an injury date of 01/06/09. Based on the 11/05/14 progress report provided by treating physician, the patient complains of low back and bilateral hip pain rated 5-6/10 with and 8/10 without medications. Patient ambulates with a guarded posture. Physical examination to the lumbar spine revealed tenderness to palpation to the spinous processes and paraspinal muscles. Range of motion was decreased, especially on extension 10 degrees. Patient is on home exercise program. Motrin and Ultram have been prescribed in progress reports dated 08/08/14 and 11/05/14. Patient is not working. Diagnosis 11/05/14- low back pain, bilateral SI joint pain- discogenic low back pain- myofascial low back pain. The utilization review determination being challenged is dated 10/16/14. Treatment reports were provided from 08/08/14 - 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram extended release 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89; 76-78.

Decision rationale: The patient presents with low back and bilateral hip pain rated 5-6/10 with and 8/10 without medications. The request is for Ultram extended release 100MG #60 (2 TABS Q HS FOR PAIN). Patient's diagnosis on 11/05/14 included low back pain, bilateral SI joint pain, and discogenic/myofascial low back pain. Motrin and Ultram have been prescribed in progress reports dated 08/08/14 and 11/05/14. Patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has not provided reason for the request. In this case, treater has not stated how Ultram reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. There is no mention of CURES or UDS's in provided reports. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Motrin 800mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61; 22.

Decision rationale: The patient presents with low back and bilateral hip pain. The request is for MOTRIN 800MG (Q 8HRS FOR PAIN). Patient's diagnosis on 11/05/14 included low back pain, bilateral SI joint pain, and discogenic/myofascial low back pain. Motrin and Ultram have been prescribed in progress reports dated 08/08/14 and 11/05/14. Patient is not working. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Although the treater does not provide a reason for the request, the patient suffers from chronic pain. The treater states in progress report dated 11/05/14 that pain is rated 5-6/10 with and 8/10 without medications. Patient appears to benefit from Motrin, which is indicated by guidelines. The request is medically necessary.

Outpatient Urine Drug Screen: Overturned

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 opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug screen

Decision rationale: The patient presents with low back and bilateral hip pain rated 5-6/10 with and 8/10 without medications. The request is for outpatient urine drug screen. Patient's diagnosis on 11/05/14 included low back pain, bilateral SI joint pain, and discogenic/myofascial low back pain. Motrin and Ultram have been prescribed in progress reports dated 08/08/14 and 11/05/14. Patient is not working. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Treater has not provided reason for the request. Patient has been taking Ultram at least from progress report dated 08/08/14. There is not record that patient has had prior urine drug screen. ODG and MTUS do support periodic urine toxicology for opiate management. The request is medically necessary.