MAXIMUS Federal Services

Case Number:	CM14-0199797		
Date Assigned:	12/10/2014	Date of Injury:	11/01/2002
Decision Date:	03/04/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old male who was injured on 11/1/2002.The diagnose are lumbar radiculopathy, spinal stenosis, bilateral elbow, right knee, left shoulder, neck and low back pain. A 2014 MRI of the lumbar spine showed multilevel disc bulge, central spinal stenosis, facet hypertrophy and nerve compression. There was multilevel disc bulges in the cervical spine with foraminal narrowing. The patient was diagnosed with symptomatic GERD for which he is utilizing Zantac for treatment. The patient completed PT and acupuncture treatments. On 10/22/2014, [redacted] noted subjective complaint of low back pain radiating to the lower extremities. The pain score was rated at 8/10 without medications and 4/10 with medications. There were objective findings of tenderness in paraspinal muscles over the lumbar and cervical spine and positive straight leg raising test. The medications are Ultram, Ultracet, Voltaren gel and Zantac. On 11/19/2014, [redacted] noted that the patient went through withdrawal because of non authorization of pain medications. There was severe exacerbation of pain that did not respond to acupuncture and PT. The pain score was 10/10. The range of motion of the joints was severely limited. A Utilization Review determination was entered on 11/15/2014 recommending non certification for Ultracet 1 to 2 #45, Voltaren gel 1% 500gm and modified certification for Ultram ER 100mg #60 to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRAM ER 100MG #60: 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 Page(s): 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when all treatments options with NSAIDs, non-opioid analgesics, PT and surgical options have been exhausted. The records indicate that the patient cannot tolerate oral NSAID due to symptomatic GERD. The topical NSAID was discontinued due to non authorization. The patient experienced opioid withdrawal, severe exacerbation of pain, limitation of function and psychosomatic distress. The patient completed PT, acupuncture and all authorized surgical options for the treatment of pain. There are no reported adverse effects or aberrant behaviors. There is documented functional restoration by the use of Tramadol. The use of Tramadol is associated with less dependency and addiction than pure opioid agonist. The criteria for the use of Ultram ER 100mg #60 was met.

1 PRESCRIPTION OF ULTRACET 1 TO 2MG #45: 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 Page(s): 111,113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when all treatments options with NSAIDs, non-opioid analgesics, PT and surgical options have been exhausted. The records indicate that the patient cannot tolerate oral NSAID due to symptomatic GERD. The topical NSAID was discontinued due to non authorization. The patient experienced opioid withdrawal, severe exacerbation of pain, limitation of function and psychosomatic distress. The patient completed PT, acupuncture and all authorized surgical options for the treatment of pain. There are no reported adverse effects or aberrant behaviors. There is documented functional restoration by the use of Ultracet for breakthrough pain. The use of Tramadol is associated with less dependency and addiction than pure opioid agonist. The criteria for the use of Ultracet 1-2 #45 was met.

Voltaren gel 1% #500gm: O v e r t u r n e d

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of severe musculoskeletal pain. The records show that the patient cannot tolerate oral NSAIDs because of symptomatic GERD and diabetes. There was documented efficacy and functional restoration with utilization of topical NSAIDs. The patient did not report any adverse effects. The use of NSAIDs is associated with opioid sparing effect. The criteria for the use of Voltaren 1% 500gm was met.