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| Case Number: | CM14-0204758 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 11/08/2004 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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 Family Practice 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 injured worker is a 53 year old male solid waste supervisor who sustained an injury on 11/8/14 while lifting four garbage bags each weighing 65 pounds. He underwent C5-C6 and C6-C7 fusion in 2011. He is diagnosed with herniated disc of cervical, S/P cervical discectomy, cervical radiculopathy and impingement syndrome. He is working regular duties. He has comorbidities consisting of hypertension, morbid obesity, sleep apnea, anxiety and depression. The patient has been weaned off Opana and was transitioned to Ultram in July 2014. Past medications trialed have consisted of gabapentin, Butrans and Norco without efficacy. The patient is currently on analgesic adjuvants consisting of Lyrica and Elavil. The patient was seen on 11/25/14 at which time he complained of neck and shoulder pain rated 6/10 with medications and 10/10 without medications. The patient can work full time and complete ADLs. He is unable to function without medications. Plan is to continue with Ultram ER 300 mg #90 one daily, Lyrica 75 mg t.i.d. and Elavil 25 mg 1-2 at bed time. Request for Authorization dated 8/4/14 notes the Ultram ER 100 mg is being prescribed for 3 per day. Utilization Review dated 12/4/14 certified the request for Elavil and Lyrica. The prior peer reviewer stated that Request for Authorization is for Ultram ER 3 per day which may be a typographical error, and the dosage of Ultram ER 300 mg t.i.d would exceed the guideline's recommendations for Ultram ER. It was also noted that prior peer reviews had recommended weaning. Letter of appeal dated 12/17/14 states that the patient's pain is controlled on medications which allow him to function in daily life situations, without medications he is unable to function. The physical noted that the medications were previously authorized and the patient has been stable on them. It is noted that the patient does not over use medications and uses as appropriated to control pain and maximize function after work place injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, opioids may be continued if there is improvement in pain and function. In this case, the patient is followed for diagnosis of chronic pain status post cervical fusion and has been weaned off Opana. The medical records indicate that he is able to function and continue his work duties with the current medication regimen. A review of the medical records indicates that Ultram ER 300 mg is prescribed as one daily which would meet the dosage per the MTUS guidelines. There is also no evidence of abuse or diversion. The request for Ultram ER 300mg #90 is medically necessary.