

Case Number:	CM14-0040136		
Date Assigned:	03/27/2015	Date of Injury:	02/13/2012
Decision Date:	05/01/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/05/2014

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 injured worker is a 56-year-old male, who sustained an industrial injury on 02/13/2012. Initial complaints reported included being struck in the back by a box (weighing 250-500 lbs) that fell off a truck. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, x-rays, electrodiagnostic testing, and MRIs. Per the progress report dated after the request for authorization (03/11/2014), the injured worker complained of low back, left knee and left calf pain with a pain rating of 7-8/10 and noted that the pain was decreased by frequently changing positions and medications. Diagnoses included medial meniscus tear of the left knee, idiopathic peripheral neuropathy, lumbar disc disease, left chondromalacia, left patellofemoral syndrome, disc displacement without myelopathy, lumbar discogenic pain, lumbar stenosis, lumbar ligamentum hypertrophy, lumbar facet syndrome, lumbar radiculopathy, contracture of the left Achilles tendon, limited range of motion of the left ankle, hyporeflexia, and contusion of the left lower leg. The treatment plan consisted of waiting for authorization for neurosurgeon consultation, continued home exercises, refills on Ultracet and Gabapentin (per IMR request), urine toxicology screen (already completed), and follow-up. On 3/2/2015, the IW was evaluated by a Neurosurgeon who recommended lumbar decompressive fusion surgery. The medications listed are Ultracet and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 MG # 120, 2 additional refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74, 113. Decision based on Non-MTUS Citation Official Disability Guidelines, detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 93-94, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other sedatives. The records noted that the patient had not needed NSAIDs medications refills since the non-certification of Ultram. The subjective and objective findings have not worsened. The pain scores had remained unchanged. There is no documentation of treatment with co-analgesic anticonvulsant and antidepressant medications. The criteria for the use of Ultram 37.5/325mg #120 with 2 refills is not medically necessary.

Follow up with orthopedic surgeon times 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM 2004, OMPG, chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Specialist Referral.

Decision rationale: The CA MTUS and the OD guidelines recommend that patients can be referred for specialist treatment when the diagnosis is complex or additional expertise treatment is required. The records indicate that the patient was recently evaluated by a Neurosurgeon who recommends lumbar decompressive fusion surgery. It is unclear why additional referral for evaluation by Orthopedic Surgery was requested because the recommended neurosurgery is still pending. The criteria for Follow up with Orthopedic Surgery evaluation was not met and is not medically necessary.

Urine toxicology screen: Upheld

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 9792.24.2 Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other sedatives. The guidelines recommend that compliance monitoring including UDS be documented during chronic opioids treatment. The records noted that the patient had not needed NSAIDs medications refills since the non-certification of Ultram. The subjective and objective findings have not worsened. The pain scores had remained unchanged. The past Point of Care UDS did not show compliance with Ultram. The non-certification for Ultram makes the UDS request unnecessary. The criteria for Urine Toxicology Screen was not met.