

Case Number:	CM15-0106823		
Date Assigned:	06/11/2015	Date of Injury:	08/27/2014
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female, who sustained an industrial injury on 8/27/14. She has reported initial complaints of neck and back pain with arm weakness after injury at work. The diagnoses have included neck strain, post-concussion syndrome, acute post-traumatic headache, neck pain, cervicalgia, cervical spine disc degeneration, cervical radiculopathy, lumbar disc degeneration, facet arthropathy and status post blocks in the past. Treatment to date has included medications, activity modifications, off work, orthopedic consultation, eye specialist, injections, and physical therapy. Currently, as per the physician progress note dated 2/20/15, the injured worker has been doing physical therapy and feels much better. The injections have also helped a great deal with the last one given 1/7/15. The physical exam reveals that the spinal exam shows pain with extension and rotation. She has improved cadence and stride length. There is tenderness to palpation over the lumbar spine. She has some standing intolerance and pain with extension and rotation over the lumbar facets, but she has improved significantly. The current medications included Aleve, Vicodin and Flexeril. There is no previous urine drug screen noted in the records, no diagnostic testing and no therapy sessions were noted. The physician requested treatment included Ultram 50mg quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg quantity 60: 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 Opioids, page(s) 74-96.

Decision rationale: 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 returned to 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 two short-acting opioids (Vicodin and Ultram) with persistent pain. The Ultram 50mg quantity 60 is not medically necessary and appropriate.