

Case Number:	CM15-0014141		
Date Assigned:	02/02/2015	Date of Injury:	10/17/2003
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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: Pennsylvania, Ohio, 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 61 year old male, who sustained an industrial injury on October 17, 2003. The diagnoses have included multi-level foraminal cervical stenosis, cervical radiculopathy, cervical spondylosis, and cervical degenerative disc disease. Treatment to date has included chiropractic treatments, lumbar laminectomy, cervical fusion, bilateral knee repair, cervical spine injections, massage, and medications. Currently, the injured worker complains of neck pain. The Treating Physician's report dated January 8, 2015, noted the injured worker with chronic neck pain due to facet arthropathy, degenerative disc disease, and cervical spine stenosis with radiculopathy, with medications allowing him to remain functional. Electrodiagnostic testing of the bilateral upper extremities on July 8, 2014, was noted to show no electrodiagnostic evidence of a cervical radiculopathy, plexopathy, or other focal nerve compromise. On January 16, 2015, Utilization Review non-certified Ultram 50mg #60, and Hydrocodone-Acetaminophen 10/325mg #120. The UR Physician noted that weaning of Ultram was initiated on March 12, 2014, and that further weaning of the Ultram was not necessary, therefore the request for Ultram 50mg #60 was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that there was no evidence of specific functional improvements that could be attributed to the Hydrocodone-Acetaminophen, therefore the request for the Hydrocodone-Acetaminophen 10/325mg #120 was modified to approval for Hydrocodone-Acetaminophen 10/325mg #90, with the additional #30 non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 26, 2015, the injured worker submitted an application for IMR for review of Ultram 50mg #60, and Hydrocodone-Acetaminophen 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 between 1/8/15 and 3/15/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Hydrocodone-Acetaminophen 10-325mg #120 between 1/8/15 and 3/15/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.