

Case Number:	CM15-0130252		
Date Assigned:	08/17/2015	Date of Injury:	10/28/2002
Decision Date:	09/11/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/06/2015

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:

This 58 year old female sustained an industrial injury to the neck and back on 10-28-02. Magnetic resonance imaging lumbar spine (2-18-12) showed disc protrusions at L5-S1 and L4-5. Electromyography and nerve conduction velocity test showed bilateral L5-S1 radiculopathy. Recent treatment consisted of pool therapy, h-wave, cognitive behavioral therapy and medications. In a PR-2 dated 3-19-15. The injured worker complained of constant pain rated 7 to 9 out of 10 on the visual analog scale with medications. The injured worker was prescribed Savella, Ultracet, Cymbalta, Neurontin and Lidoderm patches. In a PR-2 dated 5-11-15, the injured worker complained of constant low back pain rated 7 to 9 out of 10 on the visual analog scale with medications, associated with weakness and numbness in the left leg and balance problems. The injured worker reported receiving moderate relief with Savella, Ultracet, Lidoderm and Neurontin. The injured worker reported using her H-wave machine daily with moderate relief which allowed her to take less medication. The injured worker also stated that pool therapy was providing mild relief. The injured worker stated that she had increased left L5 pain, increasing left knee pain and a burning sensation in both feet. The injured worker also complained of increased anxiety, depression and difficulty concentrating. Physical exam was remarkable for a flat affect, trigger points consistent with fibromyalgia, multiple areas of tenderness to palpation to bilateral upper and lower extremity, positive bilateral straight leg raise and decreased lumbar spine range of motion. The injured worker was unable to heel-toe walk. The injured worker walked slowly with an antalgic gait using a walker. Current diagnoses included lumbar spine radiculitis, myofascial dysfunction versus fibromyalgia, lumbar disc

herniation, right carpal tunnel syndrome, cervical spine radiculitis and depression. The treatment plan included continuing h-wave, continuing home exercise, continuing cognitive behavioral therapy and medications (Savella, Lyrica, Nexium, Ultracet, Lidoderm patch and Cymbalta) and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #120: Upheld

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

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

Decision rationale: The MTUS Guidelines cite 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 change in functional status. There is no evidence presented of random drug testing results 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 opioids with persistent severe pain for this chronic 2002 injury without acute flare, new injury, or progressive deterioration. The Ultracet 37.5/325mg #120 is not medically necessary or appropriate.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider

have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicology screen is not medically necessary or appropriate.