

Case Number:	CM15-0130913		
Date Assigned:	07/17/2015	Date of Injury:	07/25/2007
Decision Date:	08/20/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 55 year old female who sustained an industrial injury on 07/25/2007 resulting in pain to the low back and both leg as the result of a fall. Treatment provided to date has included: percutaneous stereotactic lumbar radiofrequency rhizotomy (2015) with improvement in symptoms; manipulation of the sacroiliac joint (2014); radiofrequency ablation of the lumbar facets with improvement of symptoms (2013); physical therapy; trigger point injections; medications; and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (2011) showing a small broad-based disc bulge at L4-5 without neural foraminal narrowing or canal stenosis, and multilevel degenerative changes. There were no noted comorbidities or other dates of injury noted. On 06/09/2015, physician progress report (PR-2) noted complaints of chronic low back pain (left side worse than right). The pain was rated 8-9/10 in severity, and was described as worse with certain activities including prolonged sitting, twisting, turning or bending. The report states that she has mild limitation with activities of daily living (ADLs). Current medications include Ultracet and Relafen. The physical exam revealed restricted and painful range of motion (ROM) in the lumbar spine, pain at the midline spinous process and the L5-S1 facets bilaterally, positive sacroiliac joint compression test bilaterally, muscle spasms from L2 to L5 of moderate intensity, and positive Faber's test bilaterally. The provider noted diagnoses of lumbar strain/sprain with disc bulge at L4-5 (per MRI), bilateral facet arthropathy and hypertrophy at L3-4, L4-5 and L5-S1 (more on the left), and sacroiliac joint arthropathy bilaterally. Plan of care includes refill of Ultracet and Relafen, urine toxicology screening, bilateral sacroiliac joint block under fluoroscopy, physical therapy, and follow-up in 8 weeks. The injured worker's work status was not mentioned in this report.

The request for authorization and IMR (independent medical review) includes: Ultracet 37.5-325mg and a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription: Ultracet 37.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. According to the medical documentation, there has been no indication of the medications pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy (over the past year). This patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. In addition, the quantity of requested Ultracet has not been specified in this case. Medical necessity for the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested treatment with Ultracet is not medically necessary.

1 Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, previous urine drug screenings were reported to have been consistent with prescribed therapy.

However, the requested opiate was not found to be medically necessary. Therefore, the requested urine drug screening is not medically necessary.