

Case Number:	CM15-0138992		
Date Assigned:	07/28/2015	Date of Injury:	09/25/1991
Decision Date:	08/27/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 59 year old male patient who sustained an industrial injury on 09/25/1991. Radiography scan performed on 07/09/2012 showed a magnetic resonance of cervical spine with the impression of multilevel degenerative disc disease and osteoarthritic changes of the cervical spine. There has been very little change since previous study 12/02/2009. There was persistent multilevel moderate to marked bilateral neural foraminal stenosis; mild central canal stenosis at C4-5 and C6-7. The lumbar spine scan showed post-operative changes at L4-5 without significant central stenosis but there is moderately severe left and severe right foraminal stenosis; disc bulging at L5-S1 without stenosis; however, there is severe bilateral foraminal stenosis with nerve root compression; and disc bulging with underlying small canal resulting in moderate central stenosis at L2-3 and L3-4. A primary treating follow up visit dated 07/25/2012 reported the patient being status post a right elbow ulnar nerve release on 02/14/2012. He has previously undergone similar procedure on 03/10/2011. There is mention of payment issues regarding weight reduction program. There is recommendation to have preoperative magnetic resonance imaging of cervical and lumbar spine prior to the scheduled placement of the spinal cord stimulator. The following diagnoses are applied: cervical disc degeneration status post fusion C7-T-1; lumbar lumbosacral disc degeneration status post-surgery in 1995 and 2003; carpal tunnel syndrome; obesity; ulnar compression, and comorbid constipation. The patient is to remain off from work duty. Medication regimen consisting of: Topical analgesic cream, Ultram, Motrin, Amitiza, and Benazepril.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. Therefore, the record does not support medical necessity of ongoing opioid therapy with tramadol.

1 prescription of Amitiza 24mcg #60 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Opioid induced constipation treatment.

Decision rationale: CA MTUS guidelines do not address the use of Amitiza. ODG describes the need to counsel about the possibility of constipation with opioid treatment. First line treatment includes ensuring adequate hydration, physical activity and fiber rich diet. If this fails to control constipation, second line pharmacologic therapies may be considered. In this case, there is no discussion of any trial of first line therapy. Use of Amitiza is not medically indicated under these circumstances.