

Case Number:	CM15-0148912		
Date Assigned:	08/12/2015	Date of Injury:	06/30/2003
Decision Date:	09/29/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 69 year old male, who sustained an industrial injury on 6-30-2003. He reported cumulative trauma of the low back and right hip. The injured worker was diagnosed as having status post bilateral hip replacements with development of deep vein thrombosis in the lower extremities with complications, history of recent lumbar laminectomy and discectomy and fusion for spinal stenosis with persisting right radicular symptoms and neuropathic pain. Treatment to date has included medications, urine drug screens, and home exercise program. The request is for Ultracet. The records indicate he has been utilizing Ultracet since at least May 2012, possibly longer. On 6-8-2015, he reported continued back and right hip pain. She had recent spinal surgery. He indicated he was not able to function without pain medications. He indicated he gets a 50% reduction in pain with 50% improvement in function with the use of pain medications. He rated his pain 9 out of 10, at best 4 out of 10 with medications and 10 out of 10 without medications. He is not working. On 7-6-2015, he reported continued back and right hip pain. He indicated he was unable to function without pain medications, and is utilizing Ultracet on and off for pain. He reported his pain level as 8 out of 10, at best 4 out of 10 with medications and 10 out of 10 without medications. The treatment plan included: Ultracet, Pamelor, Cialis, and Xarelto. On 8-6-2015, he reported continued back, bilateral hip, and leg pain. He reported using Tramadol for pain. He rated his pain as 8 out of 10, at best a 4 out of 10 with medications and at worst 10 out of 10 without medications. The treatment plan included: refilling Tramadol, Pamelor, Cialis, and Xarelto. He is noted to be under a narcotic contract, and his urine drug screens are noted to have been appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultracet (Tramadol/acetaminophen). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Per progress report dated 8/6/15, it was noted that the injured worker reported 50% reduction in pain, and functional improvement with activities of daily living with the medications versus not taking them at all. He rated his pain an 8/10, at best a 4/10 with medications, and 10/10 without them. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per the medical records, it was noted that urine drug screens have been appropriate, however, there were no reports available for review. He was noted to be under a narcotic contract. I respectfully disagree with the UR physician's assertion that the medical records did not contain evidence supporting ongoing opiate therapy. The request is medically necessary.