MAXIMUS Federal Services

Case Number:	CM15-0166778		
Date Assigned:	09/04/2015	Date of Injury:	01/09/1986
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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 was a 76 year old female, who sustained an industrial injury, January 9, 1986. The injury was sustained when the injured worker picked up a piece of equipment weighing approximately 10 pounds and felt a sharp pain in the lower back. The injured worker previously received the following treatments Tramadol, Prilosec, and lumbar spine back brace. The injured worker was diagnosed with chronic lumbar strain, lumbar disc herniation, status post L4-L5 microdiscectomy and laminectomy, left lower extremity radicular pain and left foot drop. According to progress note of July 20, 2015, the injured worker's chief complaint was lower back pain. The injured worker rated the pain at 4 out of 10. The Tramadol reduced the pain to a 1-2 out of 10. The pain was intermittent and the same since the last visit. The pain radiated down into the left leg and up to the neck. The pain was made better with rest. The pain was worse with weather and activities. The physical exam noted decreased range of motion of the lumbar spine. There was tenderness with palpation. The Kemp's test was positive bilaterally, worse on the right. The pelvis appeared to be uneven tilting to the right. There was decreased strength and sensation 4 out of 5 on the left of L4-L5. The examination of the left foot revealed tenderness at the medial aspect of the first metatarsal joint. The treatment plan included a prescription for Ultram tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg Qty 90, 1-2 tabs by mouth every 4-6 hrs for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going 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." Review of the available medical records reveals insufficient documentation to support the medical necessity of Ultram nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 7/20/15, the injured worker rated pain 4/10, Ultram reduced pain to 1-2/10. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 6/12/15 did not detect the presence of any opiates. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.