

Case Number:	CM15-0167198		
Date Assigned:	09/08/2015	Date of Injury:	01/28/2012
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 54 year old man sustained an industrial injury on 1-28-2012 after slipping in the mud while moving a cow. Evaluations include thoracic spine MRI dated 4-2-21012, electromyogram and nerve conduction studies dated 8-15-2012, lumbar spine MRI dated 8-7-2012, and cervical spine MRI dated 4-18-2015. Diagnoses include cervical spinal stenosis and lumbar and lumbosacral disc degeneration. Treatment has included oral medications. Physician notes dated 8-3-2015 show complaints of chronic cervical, thoracic, and lumbar spine pain. Recommendations include surgical interventions, functional capacity evaluation if the worker refuses surgery, laboratory testing, urine drug screen, orthopedic surgery consultation, surgical consultation, Gabapentin, Tramadol-Acetaminophen, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol-Acetaminophen 37.5-325 with 1 refill # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in January 2012 and is being treated for chronic pain throughout his spine. He was seen for an initial evaluation by the requesting provider on 08/03/15. Pain was rated at 9/10. Medications were Tylenol and aspirin. Physical examination findings included appearing in mild distress. There was guarded cervical range of motion without tenderness. There was decreased lumbar range of motion. There was thoracic and lumbar tenderness. There were no neurological deficits. There was hyper-reflexia and positive Hoffman's testing. Urine drug screening was performed and was neg. Additional testing and evaluation was requested. Ultracet was prescribed at a total MED (morphine equivalent dose) of 25 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Ultracet (tramadol/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.