

Case Number:	CM15-0184332		
Date Assigned:	09/24/2015	Date of Injury:	09/12/2012
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 09-12-2012. She has reported injury to the neck, left shoulder, and low back. The diagnoses have included cervicalgia; brachial neuritis-radiculitis; unspecified thoracic-lumbar neuritis-radiculitis; rotator cuff tendinopathy; T12 compression fracture, subacute; lumbago; displaced lumbar intervertebral disc; and failed lumbar laminectomy. Treatment to date has included medications, diagnostics, injections, epidural steroid injections, and surgical intervention. Medications have included Norco, MS Contin, Cymbalta, Wellbutrin, and Motrin. A progress report from the treating physician, dated 08-13-2015, documented a follow-up visit with the injured worker. The injured worker reported neck and low back pain; she states that she is doing better since the last visit. Objective findings included cervical range of motion is decreased in all directions, except right turn improved; left C5 dermatome radiculopathy improved since epidural steroid injection number one; sensory decrease along left C6 dermatome; and motor weakness of left C5-6 has improved. The treatment plan has included the request for urinalysis quantity: 1.00; and Ultracet 37.5-325mg #60.00. The original utilization review, dated 08-26-2015, non-certified the request for urinalysis quantity: 1.00; and modified the request for Ultracet 37.5-325mg #60.00, to Ultracet 37.5-325mg #20.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis Qty: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, under Urine Drug Testing.

Decision rationale: The patient was injured on 09/12/12 and presents with cervical spine pain. The request is for a urinalysis QTY: 1.00. The utilization review denial letter did not provide a rationale. The RFA is dated 08/19/15 and the patient is permanent and stationary. The patient had a prior UDS on 12/10/14. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain (Chronic), Urine Drug Testing has the following: Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The patient is diagnosed with cervicalgia, brachial neuritis- radiculitis, unspecified thoracic-lumbar neuritis-radiculitis, rotator cuff tendinopathy, T12 compression fracture, (subacute), lumbago, displaced lumbar intervertebral disc, and failed lumbar laminectomy. As of 08/13/15, the patient is taking MS Contin, Wellbutrin, Cymbalta, Adavin, Motrin, and Fosamax. The patient had a prior UDS on 12/10/14 and was not consistent with her prescribed medications. She was not consistent with Lorazepam, Morphine, and Hydrocodone. The treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no indication of any risk for any aberrant behaviors either. However, given that the patient had not had a urine drug screen conducted in 2015 and is taking opiates, the requested urine drug screen IS medically necessary.

Ultracet 37.5/325mg #60.00: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 09/12/12 and presents with cervical spine pain. The request is for Ultracet 37.5/325 MG #60.00. The RFA is dated 08/19/15 and the patient is permanent and stationary. None of the reports mention Ultracet and there is no indication of when the patient began taking this medication. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs,

adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The patient is diagnosed with cervicalgia, brachial neuritis-radiculitis, unspecified thoracic-lumbar neuritis-radiculitis, rotator cuff tendinopathy, T12 compression fracture, (subacute), lumbago, displaced lumbar intervertebral disc, and failed lumbar laminectomy. The patient had a urine drug screen conducted on 12/10/14 and was not consistent with her results. In this case, none of the 4 As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided with the use of Ultracet. There are no examples of ADLs, which demonstrate medication efficacy from Ultracet nor are there any discussions provided on adverse behavior/side effects from Ultracet. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Ultracet IS NOT medically necessary.