MAXIMUS Federal Services

Case Number:	CM15-0192973		
Date Assigned:	10/07/2015	Date of Injury:	02/12/2015
Decision Date:	11/13/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

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 37 year old female, who sustained an industrial injury on 02-12-2015. She has reported subsequent low back pain and was diagnosed with lumbosacral strain with spasms. Treatment to date has included pain medication, acupuncture, chiropractic therapy and physical therapy. Documentation shows that Ultracet was prescribed since at least 03-2015. In a progress note dated 07-10-2015, the injured worker reported low back pain radiating to the buttocks and pain in the region of the right scapula and shoulder blade. The severity of pain was not quantified. Objective findings showed decreased range of motion of the thoracolumbar spine and tenderness surrounding the right scapular and rhomboid muscle. In a progress note dated 08-28-2015, the injured worker reported continued intermittent sharp back pain with spasms. The severity of pain was not quantified. Objective examination findings revealed limited range of motion of the thoracolumbar spine. The physician indicated that the injured worker was again prescribed aquatic therapy and some mild analgesic medication, which had proven to be effective in reducing pain and improving quality of life. There was no documentation in the recent progress notes as to the degree of effectiveness of pain medication and duration of pain relief. There was also no documentation of objective functional improvement with use. Work status was documented as modified. A request for authorization of Tramadol-Acetaminophen 37.5-325 mg was submitted. As per the 09-30-2015 utilization review, the request for Tramadol-Acetaminophen 37.5-325 mg was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acetaminophen 37.5/325mg: 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, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol/Acetaminophen 37.5/325mg is not medically necessary and appropriate.