

<b>Case Number:</b>	CM15-0022625		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 52 year old male, who sustained an industrial injury on 11/26/1996. The mechanism of injury and initial complaint was not provided for review. The injured worker was diagnosed as status post anterior cervical discectomy and fusion, bilateral upper extremities radiculopathy and lumbar tripole spinal cord stimulator implant that has currently expired. Treatment to date has included spinal cord stimulator, physical therapy, surgery and medication management. Currently, a progress note from the treating provider dated 1/16/2015 indicates the injured worker reported neck pain, bilateral upper extremities pain and low back pain with bilateral lower extremities pain. Documentation states the spinal cord stimulator controlled pain from 50-60%. Plans for replacement of the spinal cord stimulator were to begin 12/2015. The injured worker was being treatment with medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78, 92.

**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 nonadherent) 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." The most recent progress note dated January 16, 2015 contains a paragraph stating that all medications prescribed for the injured employee are monitored for analgesia, ADLs, adverse effects, and aberrant drug seeking behavior however there is no specific documentation how these criteria are supplied to this specific patient. The paragraph in that note does not state if there is an actual objective decrease in pain, improvement of the ability to perform activities of daily living, or presence of side effects or aberrant drug seeking behavior with the usage of Ultracet and the injured employee. MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**Anaprox DS 550mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 66, 73.

**Decision rationale:** I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Anaprox is indicated for the injured neck pain. The request is medically necessary.