

Case Number:	CM15-0038852		
Date Assigned:	03/09/2015	Date of Injury:	08/15/2010
Decision Date:	04/14/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/02/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 male, with a reported date of injury of 08/15/2010. The diagnoses include cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, and low back pain. Treatments to date have included oral pain medications, MRIs of the cervical spine, MRIs of the lumbar spine, electrodiagnostic studies, a transcutaneous electrical nerve stimulation (TENS) unit, and physical therapy. The visit note dated 01/07/2015 indicates that currently, the injured worker complains of low back pain that radiates to both hips, all the way down his right leg and into his right foot. The pain has started to radiate down the left leg as well. He reported that walking on the treadmill after physical therapy helps ease the pain in his knee and back. The injured worker rates his pain 8-9 out of 10 without medications, and 5 out of 10 with medications. It was noted that the lumbar epidural did not help. The injured worker stated that the medications are providing him with improved quality of life and function and that his pain is reduced by at least 50% plus on the opiates. The objective findings include restricted cervical range of motion, restricted lumbar range of motion, painful neck movements, spasm and tenderness of the bilateral paravertebral muscles, and positive straight leg raise test. The current plan of care is to continue medications and TENS unit, cervical spine anterior fusion pending approval, and possible candidate for a lumbar microdiscectomy. The treating physician requested Ultram Extended-Release (ER) 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use validated method of recording the response of pain to the opioid medication and documents functional improvement with the use of Ultram ER. Therefore, the record does support medical necessity of ongoing opioid therapy with Ultram ER 100 mg #60.