MAXIMUS Federal Services

Case Number:	CM15-0054509		
Date Assigned:	03/27/2015	Date of Injury:	05/18/2010
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 66-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 18, 2010. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for Ultram and Doral. Partial approval was apparently issued for tapering or weaning purposes. A RFA form received on March 4, 2015 and a progress note of February 24, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated January 19, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using Naprosyn, Ultracet, Norco, Prilosec, and Fexmid, it was acknowledged. The attending provider posited that the applicant's ability to perform activities of daily living around the house, such as doing laundry, were reportedly ameliorated as a result of ongoing medication consumption. 9/10 pain was reported on this office visit, however, reportedly reduced by 30% with medication consumption. Ultracet, Prilosec, Naprosyn, and Norco were all apparently renewed. The applicant was given trigger point injections. The applicant's work status was not furnished, although it did not appear that the applicant was working. On February 24, 2015, it was stated that the applicant was using Ultracet, Naprosyn, Prilosec, and Doral. It was suggested that the applicant was using Doral for insomnia. Multiple medications were renewed. It was acknowledged that the applicant's back and leg pain had grown worse over time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 2/24/2015) Ultram ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tamadol (Ultram), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Ultram, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here.As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work as of progress notes of January and February 2015, referenced above. The applicant continued to report pain complaints as high as 9/10, as noted above, despite ongoing Ultram usage. While the attending provider did state, somewhat incongruously, that the applicant's pain complaints were ameliorated by 30% with ongoing medication consumption in certain sections of his reports, referenced above, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing medication consumption. The attending provider's commented to the effect that the applicant's ability to perform activities of daily living such as doing his own laundry does not, in and of itself, constitute evidence of a meaningful or material improvement in function effected as a result of the same. Therefore, the request was not medically necessary.

Retrospective (DOS 2/24/2015) Doral 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Quazepam, Benzodiazepines; Mental Illness & Stress, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Doral (quazepam), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Doral may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, there was no mention of the applicant's having any overwhelming issues with panic attacks so as to compel usage of Doral. Rather, it appeared that the attending provider and/or applicant were intent on employing Doral for chronic, long-term, and/or scheduled-use purposes, for sedative effect. This is an ACOEM-endorsed role for Doral (quazepam), an anxiolytic agent. Therefore, the request was not medically necessary.