

Case Number:	CM15-0055266		
Date Assigned:	03/30/2015	Date of Injury:	01/24/2008
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
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: 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 67 year old male, who sustained an industrial injury on 1/24/2008. The current diagnoses are cervicgia, cervical radiculopathy, cervical stenosis, and status post cervical fusion. According to the progress report dated 1/28/2015, the injured worker complains of neck pain with radiation down the right upper extremity. Additionally, he reports low back and leg pain. The neck pain is rated 8/10, right arm pain 3-4/10, low back pain 4/10, and leg pain 3/10. The current medications are Celebrex. Treatment to date has included medication management, MRI, physical therapy, trigger point injections, and surgical intervention. The plan of care includes Ultracet and emergency room evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #150 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60-61.

Decision rationale: The patient presents with neck pain rated 8/10 with radiation down the right upper extremity, right arm pain rated 3-4/10, low back pain rated 4/10, and leg pain 3/10. The request is for ultracet 37.5/325mg #150 with 3 refills. The RFA provided is dated 02/26/15. Patient's diagnosis included cervicalgia, cervical radiculopathy, cervical stenosis, and status post cervical fusion. The reports do not reflect whether or not the patient is working. MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." The prescription for Ultracet was first mentioned in the progress report dated 01/28/15. It appears this patient is starting use of Ultracet with this prescription. In regards to the request for opioids, MTUS require functional assessment. Given the patient's chronic neck pain along with radiculopathy, a trial of opiate may be supported; however, the request with 3 refills is not in accordance with the guidelines as MTUS require some efficacy with initial trial of opiate before continuing or increasing the dose. Utilization review modified the request and authorized one month trial without refills. On-going use of opiates would require documentation of clear efficacy. Therefore, the request is not medically necessary.

Emergency room evaluation and treatment: Upheld

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, Pain Chapter, Codes for Automated Approval, Federal ER regulation (www.cga.ct.gov).

Decision rationale: The patient presents with neck pain rated 8/10 with radiation down the right upper extremity, right arm pain rated 3-4/10, low back pain rated 4/10, and leg pain 3/10. The request is for Emergency room evaluation and treatment. The RFA provided is dated 02/26/15. Patient's diagnosis included cervicalgia, cervical radiculopathy, cervical stenosis, and status post cervical fusion. The reports do not reflect whether or not the patient is working. MTUS, ACOEM do not cover ER visits but ODG guidelines Pain Chapter, under "Codes for Automated Approval": Allows Maximum Occurrences to 1 for Emergency Dept visit, for diagnosis that include CRPS, Pain, not elsewhere classified, Chronic pain, Chronic pain syndrome, Causalgia of upper and lower limb, Mononeuritis of unspecified site. Federal ER regulation (www.cga.ct.gov), "Under the new rule, if a person presents at the hospital campus seeking emergency medical treatment, the hospital has an EMTALA obligation to screen and stabilize him. If he does not make a verbal request for services, the hospital has an EMTALA obligation if a "prudent layperson" would consider the patient's behavior to indicate he would ask for emergency treatment if he could." It requires ER to screen everyone who presents to the department and determine whether or not the presenting situation is a medical emergency and

provide appropriate evaluation. In this case, the treater does not discuss the request. There are no ER visitation notes to determine whether or not appropriate evaluation was provided with treatments. While ER room evaluation was appropriate as a layperson would not be expected to know what constitutes emergency or non-emergency situation, without knowing what "treatment" was rendered, the request cannot be considered. The ER department must provide explanation as to what the treatment was and verify that in fact, emergency treatment was needed for the patient's condition. Therefore, the request is not medically necessary.