

Case Number:	CM15-0057617		
Date Assigned:	04/02/2015	Date of Injury:	06/30/2003
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 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 69 year old male, who sustained an industrial injury on 06/30/2003. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 03/02/2015 the injured worker has reported worsening back pain that radiates to his right hip. He states that he has been using Ultracet 2 to 4 per day to control pain, which give him 50% of his functionally improvement with activities of daily living. On examination of the he was noted to have a well healed posterior incision with a restricted range of motion and a positive straight leg raise was noted. The diagnoses have included recent spinal lumbar laminectomy with discectomy for spinal stenosis, status post bilateral hip replacement with development of complication of DVT's in the lower extremities with chronic venous stasis in the lower extremities, and neuropathic burning pain in the lower extremities related to spinal stenosis. Treatment to date has included medication, laboratory studies, x-rays and physical therapy. The provider requested a refill of pain medication Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #120 (Unspecified dosage): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with back pain with radiation to the right hip. The current request is for Ultracet #120 (unspecified dosage). The treating physician states that the patient reports the medications allowed for 50 percent increased function and decreased his 7/10 bilateral hip pain and 8/10 back pain to 4/10. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented 50% functional improvement in ADLs with Ultracet. There is a drug contract and UDS. The IW appears to have adverse effects treated with other medications. The current request is medically necessary and the recommendation is for authorization.