

Case Number:	CM15-0231881		
Date Assigned:	12/07/2015	Date of Injury:	12/23/2010
Decision Date:	01/13/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	11/25/2015

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: 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 injured worker is a 65 year old male, who sustained an industrial injury on 12-23-2010. The injured worker is undergoing treatment for cervical disc herniation, degenerative changes, spondylosis, chronic hip pain and radiculopathy, left shoulder impingement, tendon tear, tendinosis and bursitis and chronic lumbar strain-sprain, spondylosis and radiculopathy. Medical records dated 10-1-2015 indicate the injured worker complains of neck pain radiating to the right shoulder and constant back pain radiating to the hips. Pain is rated 8 out of 10. Physical exam dated 10-1-2015 notes antalgic gait, decreased cervical, shoulder and lumbar range of motion (ROM), cervical and lumbar spasm and positive straight leg raise with spasm. Treatment to date has included Ultram 50mg since at least 5-7-2015, Naprosyn, magnetic resonance imaging (MRI) and activity alteration. The original utilization review dated 11-24-2015 indicates the request for Naprosyn 500mg #60 is certified, Ultram 50mg #60 and Tylenol No 3 #60 is modified and pain management consult is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The MTUS guidelines recommend a consultation with pain management if opioids are required for extended periods (beyond what is usually required for the condition) or if pain does not improve on opioids in three months. A pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. There is no indication that the injured worker needs a pain management evaluation. At the time of this review, he was prescribed Ultram and Tylenol #3 but the efficacy of this medications is unknown and further authorization is not supported. The request for pain management consult is not medically necessary.

Ultram 50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of quantifiable pain relief or objective evidence of functional improvement with the prior use of this medication. There is also no evidence of a pain contract or urine drug screen to monitor potential aberrant behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultram 50 mg #60 is not medically necessary.

Tylenol No 3 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of quantifiable pain relief or objective evidence of functional improvement with the prior use of this medication. There is also no evidence of a pain contract or urine drug screen to monitor potential aberrant behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tylenol No 3 #60 is not medically necessary.