

Case Number:	CM15-0241781		
Date Assigned:	12/18/2015	Date of Injury:	05/14/2014
Decision Date:	01/29/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on 5-14-14. The injured worker was being treated for lumbar arthropathy with radiculitis. On 11-9-15, the injured worker complains of continued low back pain with pain radiating to lower extremities. Level of pain prior to and following administration of medications along with duration of relief and functional improvement is not documented. He is currently working with modified duties. Physical exam performed on 11-9-15 revealed mild tenderness to palpation in paralumbar region extending into the left sciatic notch, positive straight leg raise on left and abnormal sensation in left L4-5 distribution and 2nd through 3rd toes of left foot. Treatment to date has included oral medications including Naproxen and Ultracet 37.5-325mg (since at least 10-19-15) and activity modifications. A urine drug screen was not submitted for review. The treatment plan included request for Ultracet 37.5-325mg #90, pain management consult and Meds 4 IF unit with garment STIM unit. On 12-2-15 request for Ultracet 37.5-325mg #90 was modified to #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective) Ultracet 37.5/325 #90 DOS: 11/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in May 2014. He underwent left knee arthroscopic surgery in August 2014. In October 2015, he was having low back discomfort extending to the right paraspinal region. VAS pain scores were not recorded. He was taking over-the-counter Tylenol. Physical examination findings included a body mass index over 30. There was mild right paraspinal region tenderness with negative straight leg raising. The impression lists a diagnosis of lumbar arthropathy with radiculitis. Ultracet 37.5/325 mg #90 was dispensed. When seen in November 2015 he was continuing to experience troubling low back pain with pain radiating into the lower extremities. Current medications are still listed as over-the-counter Tylenol. Physical examination findings were unchanged. Ultracet (tramadol/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it was being provided as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication was providing decreased pain through documentation of VAS pain scores or specific examples of how this medication was resulting in an increased level of function or improved quality of life. Adequate pain assessments are not being recorded and medications are not being accurately documented. Continued prescribing is not medically necessary.