

Case Number:	CM14-0145590		
Date Assigned:	09/12/2014	Date of Injury:	09/18/2000
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 77-year-old male who reported an injury on 09/08/2000. The mechanism of injury was not provided. The injured worker's diagnoses include chronic back pain status post failed back surgery and insomnia. The injured worker's past treatments included medications and surgery. On the clinical note dated 08/08/2014, the injured worker complained of low to mid back pain. The injured worker stated pain hurt every morning, not always every night. The injured worker had mild discomfort from the low back area when doing range of motion. The medical records indicate a urine drug screen obtained on 04/11/2014 was positive for oxazepam, Temazepam, and hydrocodone. It was noted there were no medications listed for those drugs. The injured worker's medications included Lunesta 3 mg at bedtime, Ultram 50 mg (1 to 2 every 6 to 8 hours as needed for pain), and Vicodin (1 to 2 every 4 hours for more severe pain). The request was for Ultram 50 mg #60 with 1 refill and Vicodin 5/325mg #80 with 1 refill. The rationale for the request was for severe pain. The Request for Authorization was submitted on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

Decision rationale: The request for Ultram 50mg #60 with 1 refill is not medically necessary. The injured worker is diagnosed with chronic back pain status post failed back surgery and insomnia. The injured worker complained of low to mid back pain. The California MTUS Guidelines recommend an ongoing review of opioid medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol is a synthetic opioid affecting the central nervous system. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the guidelines recommend opioids for chronic pain back be limited for short term pain relief not greater than 16 weeks. There is a lack of documentation of side effects. The medical records indicate a urine drug screen obtained on 04/11/2014 was not consistent with the medication regimen. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request does not indicate the frequency of the medication. As such, the request for Ultram 50mg #60 with 1 refill is not medically necessary.

Vicodin 5/325mg #80 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

Decision rationale: The request for Vicodin 5/325mg #80 with 1 refill is not medically necessary. The injured worker is diagnosed with chronic back pain status post failed back surgery and insomnia. The injured worker complained of low to mid back pain. The California MTUS Guidelines recommend an ongoing review of opioid medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include documentation of side effects. The medical records indicated a urine drug screen obtained on 04/11/2014 that was not consistent with the medication regimen. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the guidelines recommend that opioids for chronic back pain be limited for short term pain relief not greater than 16 weeks. The request does not indicate the frequency of the medication. As such, the request for Vicodin 5/325mg #80 with 1 refill is not medically necessary.