

Case Number:	CM14-0147576		
Date Assigned:	09/15/2014	Date of Injury:	05/18/2004
Decision Date:	10/15/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/11/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 53-year-old female who reported an injury on 05/18/2004. The mechanism of injury was not specified. The diagnoses included chronic pain, L3-4 disc bulge and bilateral neural foraminal stenosis, L4-5, L5-S1 disc protrusion with central canal stenosis and left and right neural foraminal stenosis, right and left S1 radiculopathy, right groin pain, depression and anxiety. Past treatments included medications. There were no pertinent diagnostic tests and surgical history provided. On 08/28/2014, the injured worker complained of low back pain radiating down her right lower extremity, the pain was greater on the left and her pain level was at 8/10. The physical exam findings noted a decrease in range of motion and apprehension secondary to pain, and positive bilateral straight leg raise along the S1 distribution on the right greater than the left. Medications included Ultram, Tylenol #3, and Clonazepam. The treatment plan indicated a repeat drug screen because of the inconsistencies of medication compliance, and if consistent with the medications, a prescription of medications would be called in for Tramadol and Tylenol #3. The rationale for the request was for low back pain. The request for authorization form was provided on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Ultram ER 100 mg with a quantity of 60 is not medically necessary. The injured worker has a history of chronic pain, disc bulges, and radiculopathy in her lower back. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker complained of low back pain radiating down her right lower extremity with pain greater on the left; however, the need for ongoing use of Ultram, cannot be established as there is a lack of clear evidence of functional improvement. A urine drug screen was performed on 08/28/2014 which was inconsistent with the injured worker's medication regimen. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request is not supported. As such, the request for Ultram ER 100mg with a quantity of 60 is not medically necessary.

Tylenol No.4 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for Tylenol No.4 with a quantity of 30 is not medically necessary. The injured worker has a history of chronic pain, disc bulges, and radiculopathy in her lower back. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker complained of low back pain radiating down her right lower extremity with pain greater on the left; however, the need for ongoing use of Tylenol No.4, cannot be established as there is a lack of clear evidence of functional improvement. A urine drug screen was performed on 08/28/2014 which was inconsistent with the injured worker's

medication regimen. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request is not supported. As such, the request for Tylenol No.4 with a quantity of 30 is not medically necessary.