

Case Number:	CM14-0164655		
Date Assigned:	10/09/2014	Date of Injury:	03/12/1997
Decision Date:	12/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and Acupuncture and is licensed to practice in California. 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:

This is a 60-year-old female with a work related history dated March 12, 1997. The injury was described as cumulative trauma to her spine, lower extremities and her psyche. Treatment history included pain medications both oral and topical, muscle relaxants, gastrointestinal prophylaxis, lumbar surgery, physical therapy, lumbar epidural steroid injections, lumbar facet blocks, insertion of a spinal cord stimulator and individual and group psychotherapy. The physician's visit documentation dated August 21, 2014 revealed multiple diagnoses including chronic low back pain, post-laminectomy syndrome, lumbar degenerative disk disease at the L3-4, L4-5 and L5-S1, lower extremity radicular pain, status post implantation of dual-lead spinal cord stimulator with rechargeable generator, depression, esophagitis, anemia and Hepatitis C. Physical exam at this visit revealed an acute exacerbation of low back and buttock pain, new onset of right foot pain and right low back pain with tenderness at the right sacroiliac joint, depression improving with anti-depressant medications. Treatment plan documented at this visit included continuation of current medications, continued use of spinal cord stimulator, continued psychotherapy, random drug screens and follow up in one month for re-evaluation. The UR request dated September 5, 2014 was for Ultram ER 150mg, #30. The decision dated September 12, 2014 non-certified the request for Ultram ER. The reason of the non-certification was that the documentation reviewed did not reflect any evidence of any improvement with use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 80-81, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the documentation submitted for review, it was noted that the injured worker reported with the use of her pain medication, her pain level dropped from 9/10 to 6/10 in intensity. She reported improvement in function. She stated that with the use of her medication, she was able to get up and perform routine activities of daily living such as self-hygiene, shopping for groceries, and preparation of meals. Without the use of her pain medication, she would be mostly bedridden and would need to rely on others. The documentation contained evidence of ongoing urine drug screen. UDS (urine drug screen) dated 5/27/14 was consistent with prescribed medications. I respectfully disagree with the UR physician's assertion that the documentation did not contain evidence of functional improvement. The request is medically necessary.