

Case Number:	CM14-0059113		
Date Assigned:	07/09/2014	Date of Injury:	11/11/2009
Decision Date:	02/10/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 53-year-old injured worker who sustained a work-related injury on November 11, 2009. Subsequently, the patient developed chronic back, arms, and neck pain. According to a progress report dated March 3, 2014, the patient complained of constant and moderately severe neck pain, rated 7/10, with radiation to the bilateral upper extremities, with associated numbness and tingling as well as weakness. She also complained of constant and moderately severe low back pain, rated 8/10, which radiated posteriorly into the right lower extremity, with associated numbness and tingling. In addition, she reported constant and moderately severe bilateral wrist and hand pain, rated 7-8/10, with radiation to the bilateral upper extremities, with associated numbness, tingling and spasms. She also reported anxiety, depression, stress, and insomnia. Examination of the cervical spine revealed paraspinal and periscapular spasms and tenderness. Motor strength of the upper extremities was 5/5. Sensory examination revealed decreased light touch over the bilateral thumb and index fingers. Limited range of motion was noted in the cervical spine in flexion at 35 degrees, extension at 15 degrees, right rotation at 40 degrees, left rotation at 40 degrees, right lateral bend at 10 degrees, and left lateral bend at 5 degrees. Orthopedic testing was negative for the cervical spine. Upper extremity motor examination was 5/5. Upper extremity paresthesia was noted. The patient was diagnosed with 3 mm disc herniation L4-5 with facet and ligamentum flavum hypertrophy with trefoil shaped and bilateral foraminal stenosis and lateral recess stenosis; herniated nucleus pulposus at L4-5 with left lower extremity radiculopathy; status post left carpal tunnel release on September 4, 2011; status post anterior cervical decompression on May 15, 2011, and 5 mm L5-S1 disc herniation. The provider requested authorization for Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet (Tramadol/APAP) One (1) every 4-6 hours as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 80-84, 91-94.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tramadol). There is no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medication. There is no clear justification for the need to continue the use of Ultracet. Therefore, the prescription of Ultracet (Tramadol/APAP) #60 is not medically necessary at this time.