

Case Number:	CM15-0010128		
Date Assigned:	01/27/2015	Date of Injury:	10/16/2012
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 was a 24 year old male, who sustained a work related injury, on October 16, 2012. The injured was sustained by lifting a power washer of a cart, the injured worker experienced sudden onset of low back pain. The injured workers chief complaint was low back pain, mid left leg pain, bilateral knee pain, palm and foot sweating and urinary incontinence during the day and night and dribbles after urination. The injured worker was diagnosed with S1 radiculopathy, lumbar strain with severe deconditioning, lumbar annular tear, lumbar facet arthropathy, urinary incontinence, lumbago, adjustment disorder, depression, anxiety, chronic pain, mild lumbar degenerative disc disease, chronic pain in the back, knee pain and sweaty palms and hands. The injured worker was treated with a cane, epidural injection, pain medication, ThermaCare pad, physical therapy, chiropractic services, diagnostic testing, EMG/NCS (electromyography and nerve conduction studies), aqua therapy, MRI of the lumbar spine and anti-depressants. On December 10, 2014, the primary treating physician requested authorization for prescriptions for Tylenol #3 #45 and Ultram ER 100mg for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 quantity 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Tylenol # 3 #45 is not medically necessary. Codeine is a component in this medication. Codeine is considered a mild opioid but has all the properties of an opioids.is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of documentation of improved function with this opioid. Specifically, it was noted that the patient has been non-compliant with home exercise program; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant of this medication to avoid side effects of withdrawal.

Ultram ER 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 and 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

Decision rationale: Ultram ER 100 mg is not medically necessary. Ultram is name brand for Tramadol. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore the requested medication is not medically necessary.