

Case Number:	CM15-0010221		
Date Assigned:	01/27/2015	Date of Injury:	04/03/2014
Decision Date:	03/17/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on April 3, 2014. He has reported tailbone pain. His diagnoses include multilevel moderate degenerative disc disease, osteoarthritis, lumbar/thoracic radiculitis, lumbosacral sprain, and myofascial pain syndrome. He has been treated with x-rays on April 3, 2014, MRI on September 11, 2014, trigger point steroid injections on October 20, 2014, EMG (electromyography) on November 25, 2014, activity modifications, and pain, muscle relaxant, steroid, and non-steroidal anti-inflammatory medications. The injured worker received physical therapy with home exercise program, TENS (transcutaneous electrical nerve stimulation), and ice. On December 9, 2014, his treating physician reports radicular complaints down the right leg. The trigger point injections were ineffective. The injured worker has significant difficulty with moving about and even getting out of bed sometimes. The physical exam revealed the lumbar paraspinal muscles were tender with multiple trigger points identified. The right straight leg raise was positive going all the way down the distal leg. His gait was slow and antalgic. The treatment plan includes a request for acupuncture, pain medication, topical non-steroidal anti-inflammatory medication, continuing current non-steroidal anti-inflammatory, muscle relaxant, and proton pump inhibitor medications; continuing the home exercise program, and activity modifications. On December 20, 2014 Utilization Review non-certified a prescription for Ultram 50mg #90 with 3 refills, noting the lack of documentation of quantified assessment of pain and function to demonstrate significant benefits with Ultram. The Utilization Review noted a short course of Ultram had been recommended and it should have been discontinued already. Therefore, weaning would not be

necessary at this time. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Ultram 50mg #90, 3 refills is not medically necessary and appropriate.