

Case Number:	CM15-0115098		
Date Assigned:	06/23/2015	Date of Injury:	06/21/2013
Decision Date:	07/27/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 68-year-old male injured worker suffered an industrial injury on 6/21/2013. The diagnoses included cervical spondylosis, lumbosacral sprain with radicular symptoms and small to moderate lumbar disc herniations. The diagnostics included lumbar spine computerized tomography, and lumbar magnetic resonance imaging. The injured worker had been treated with medications, acupuncture, and physical therapy. On 5/6/2015, the treating provider noted the injured worker reported temporary relief with physical therapy and that Biofreeze was helpful in reducing pain. He had ongoing low back pain with radiation to the left leg with numbness and tingling. The treatment plan included Ultracet. The UR denial on 5/19/2015 noted long-term opioids use where the documentation did not include continued analgesia, functional benefit along with lack of adverse effects documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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

Decision rationale: This injured worker has chronic back pain. Tramadol has been prescribed since at least May of 2014. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no documentation of functional goals, return to work, or opioid contract. Multiple urine drug screens were noted to be negative, which is inconsistent with the prescribed medication. The treating physician did not address the negative results. The MTUS guidelines for chronic opioid use indicate that there should be evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and discussion of 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. The documentation provided did not include a comprehensive pain assessment, evidence of functional improvement or significant analgesia. Therefore, the request for Ultracet is not medically necessary.