

Case Number:	CM15-0125197		
Date Assigned:	07/09/2015	Date of Injury:	03/05/1986
Decision Date:	08/05/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/29/2015

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: Preventive Medicine, Occupational 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 injured worker is a 75-year-old male with an industrial injury dated 03/05/1986. The injured worker's diagnoses include cervical spine spondylosis, cervical radiculopathy, lumbar spine degenerative discs, lumbar radiculopathy and bilateral cubital tunnel syndrome. Treatment consisted of diagnostic studies, prescribed medications, swim therapy and periodic follow up visits. In a progress note dated 04/24/2015, the injured worker reported neck pain with radiation to bilateral upper extremities with associated numbness and pins & needles sensation. The injured worker also reported low back pain with radiation to bilateral lower extremities with associated numbness and pins & needles sensation. The injured worker rated neck and low back pains a 6-8/10. Objective findings revealed tenderness with spasms and decrease range of motion in the cervical and lumbar spine. Bilateral sacroiliac tenderness and bilateral positive straight leg raises were also noted on exam. Treatment plan consisted of continuation of swim therapy and medication management. The treating physician prescribed Ultram 50mg #60 now under review. Urine drug testing on 4/24/15 was inconsistent with reported prescriptions. No CURES reporting is documented in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

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

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

Decision rationale: MTUS Guidelines allows for rotation of opioids if there are inadequate benefits from prior opioid use, but the Guidelines also state that there has to be adequate monitoring and documentation to justify the use of any opioid. This individual has been previously prescribed Hydrocodone only, but urine drug testing was inconsistent with this. While prescribing the Hydrocodone there is no detailed documentation of the amount of pain relief or any functional benefits as required by Guideline standards. In addition, in the records reviewed, the prescribing physician does not provide documentation of an opioid contract or periodic review of CUREs reporting to evaluate for potential sources of opioids from multiple physicians. Under these circumstances, the continued prescribing of an opioid is not Guideline supported and is not medically necessary. The treating physician can affect this conclusion by documenting compliance with opioid prescribing standards.