

Case Number:	CM15-0127220		
Date Assigned:	07/13/2015	Date of Injury:	05/09/1998
Decision Date:	08/07/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, Florida, 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 70 year old male, who sustained an industrial injury on 5/09/1998. Diagnoses include chronic pain, history of lumbar fusion, lumbosacral radiculopathy, opioid induced constipation and lumbar radiculopathy. Treatment to date has included surgical intervention (L4-5 lumbar decompression and fusion, undated), and conservative measures including injections, diagnostics, physical therapy and medications. Per the handwritten Primary Treating Physician's Progress Report dated 6/03/2015, the injured worker reported chronic lower back pain. He reported falling backwards off of chair and injuring his left wrist. He was evaluated and a wrist brace was prescribed. He reports that the pain is resolving. Physical examination of the lumbar spine revealed limited range of motion and sacral joint pain. The plan of care included continuation of medications and physical therapy and authorization was requested for Neurontin 600mg, Ultracet 325/37.5mg and Opana ER 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 325/37.5mg #60 with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83 and 113 of 127.

Decision rationale: This claimant was injured back in 1998 and has chronic pain, history of lumbar fusion, lumbosacral radiculopathy, opioid induced constipation and lumbar radiculopathy. Treatment to date has included an L4-5 lumbar decompression and fusion, undated, and conservative measures including injections, diagnostics, physical therapy and medications. As of June 2015, the injured worker reported continued chronic lower back pain. Physical examination of the lumbar spine revealed limited range of motion and sacral joint pain. Ultracet's primary active component is Tramadol. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of it is therefore not supported. The request is not medically necessary.

Opana ER 15mg #60 with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured back in 1998 and has chronic pain, history of lumbar fusion, lumbosacral radiculopathy, opioid induced constipation and lumbar radiculopathy. Treatment to date has included an L4-5 lumbar decompression and fusion, undated, and conservative measures including injections, diagnostics, physical therapy and medications. As of June 2015, the injured worker reported continued chronic lower back pain. Physical examination of the lumbar spine revealed limited range of motion and sacral joint pain. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.