MAXIMUS Federal Services

Case Number:	CM15-0147464		
Date Assigned:	08/10/2015	Date of Injury:	03/28/2001
Decision Date:	12/16/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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, District of Columbia, Maryland
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:

This is a 59-year-old male with a date of industrial injury 3-28-2001. The medical records indicated the injured worker (IW) was treated for lumbar spine degenerative joint disease and lumbar spine radiculopathy. At the 4-20-15 visit, the IW complained of pain rated 6 to 7 out of 10 without medications and 3 out of 10 with them. In the 6-1-15 progress notes, the IW reported he was doing "fair". Medications were Celebrex, Lyrica and Tramadol-acetaminophen and Ultracet (since at least 1-2015). On examination (4-20-15 and 6-1-15 notes), there was tenderness and trigger points about the L4 and L5 area of the lumbar spine with spasms noted on the right side. There were also trigger points in the right sciatic region. Lumbar range of motion was 25% reduced. The sensory, motor and reflex exam was normal. Treatments included physical therapy, epidural steroid injection and medications. The IW was not working. The records reviewed did not include subjective statements of functional gains attained while taking Ultracet. There was no statement concerning the presence or absence of aberrant drug behaviors. There also was no drug screening results to review to confirm compliance with the drug regimen. A Request for Authorization dated 6-24-15 was received for Ultracet 37.5-325mg, #90 no refills documented, one tablet three times daily for symptoms related to the lumbar spine. The Utilization Review on 6-30-15 non-certified the request for Ultracet 37.5-325mg, #90 no refills documented, one tablet three times daily for symptoms related to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg Qty 90, no refills documented, take 1 tab orally 3 times daily, 1 month supply (for symptoms related to the lumbar), as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of Ultracet nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 4/20/15, it was noted that the injured worker rated pain 3/10 with medications and 6-7/10 without medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.