

Case Number:	CM13-0013026		
Date Assigned:	09/19/2013	Date of Injury:	05/29/2012
Decision Date:	01/27/2014	UR Denial Date:	07/14/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female patient with a date of injury of May 29, 2012. A utilization review determination dated July 12, 2013 recommends modified certification of 90 Ultram 50 mg between July 3, 2013, and August 24, 2013. A progress report dated July 3, 2013, identifies subjective complaints stating, "reports that use of Advil is now managing the pain. Advil also causes significant gastrointestinal (G.I.) upset. She has tried gabapentin, stopped due to side effects. She reports increased pain of the left knee (not clear if this is part of accepted claim). She currently has complaints of left-sided low back, hip, and buttocks pain which radiates to the left lower extremity to the sole of the left foot, and has similar symptoms on the sole of the right foot." The note goes on to identify pain rated at 3-6 out of 10. The note goes on to identify, "non-smoker, non-drinker, denies the use of recreational drugs, no history of alcohol or drug abuse." Physical examination identifies, "active range of motion of the lumbar spine is full, but she has complaints of pain with end range of motion in all directions. Active range of motion limited by muscular pain and guarding. Motor strength is 5/5 and equal in the lower extremities. Distal reflexes (DTRs) are 2+ and equal in the lower extremities. Sensation is decreased slightly on the right lateral leg and lateral foot compared with the left. SLR is negative bilaterally." Diagnosis states, "lumbar sprain with regional myofascial pain syndrome." Current treatment plan states, "Julie states that the use of over-the-counter (OTC) non-steroidal anti-inflammatory drugs (NSAIDs) is not helping and is causing G.I. upset. I will initiate a trial of Tramadol, 50 mg, 1 PO BID-TID PRN dispense #90." A progress report dated August 29, 2013 identifies subjective complaints stating, "patient reports symptoms have not changed since last visit." The note goes on to state, "Tramadol gets mild relief with 3 pills per day."

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg one PO BID-TID PRN #90, with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Using Opioids, pgs. 75-79 Page(s): 75-79.

Decision rationale: Regarding the request for Ultram, the MTUS guidelines indicate that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the employee's function. In the absence of such documentation, the currently requested Ultram is not medically necessary.