

Case Number:	CM13-0023661		
Date Assigned:	12/11/2013	Date of Injury:	06/15/2001
Decision Date:	01/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 57 year old female with injury from 06/15/01. The progress report dated 8/16/13 by [REDACTED] noted that the patient continues with chronic low back pain. The patient reports her pain at 4/10 on a good day and gets as bad as 10/10 on a bad day. The patient reports good pain control from her current opioid pain medications. The patient reports increase physical activity, improvement in activities of daily living, mood as well as sleep. The patient's diagnoses include: low back pain, chronic; s/p lumbar disc arthroplasty; lumbar discogenic spine pain; lumbar facet arthropathy; and major depression. The medical records appear to indicate that the patient has been taking Tramadol continuously between the 3/22/13 and 8/16/13 office visits. No specific functioning measures with numerical scale or validated instrument were used in any of the reports reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #30: 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): 81, 88-89.

Decision rationale: The Physician Reviewer's decision rationale: The progress report dated 8/16/13 by [REDACTED] noted that the patient continues with chronic low back pain. The patient reports her pain at 4/10 on a good day and gets as bad as 10/10 on a bad day. The patient reports good pain control from her current opioid pain medications. The patient reports increase physical activity, improvement in activities of daily living, mood as well as sleep. The patient's diagnoses include: low back pain, chronic; s/p lumbar disc arthroplasty; lumbar discogenic spine pain; lumbar facet arthropathy; and major depression. The medical records appear to indicate that the patient has been taking Tramadol continuously between the 3/22/13 and 8/16/13 office visits. No specific functioning measures with numerical scale or validated instrument were used in any of the reports reviewed. MTUS requires documentation of pain reduction, improved function and quality of life. In this case, the treater has provided general statements regarding "good pain control" and "improvement in activities of daily living." However, MTUS requires specific functioning measures with numerical scale or validated instrument. The treater does not provide any before and after pain or functional scales. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; best pain; time it takes for medication to work; duration of pain relief with medications, etc. None of the reports reviewed contain this information. Therefore recommendation is for denial.