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| Case Number: | CM13-0031783 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 10/31/2003 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 09/11/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

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 records show the patient has been using tramadol over 6-months. The 4/17/13 report from [REDACTED] states the patient's lower back pain was 7-8/10 without medications and 6-7/10 with medications which included Ultram 50mg tid, and Percocet 10/325mg q4hr. MTUS considers tramadol a synthetic opioid and it would appear that the chronic pain guidelines for Long-term users of opioids would apply. MTUS states "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. " and also "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." [REDACTED] reports from 4/17/13, 5/15/13, 6/12/13, 7/10/13, 8/7/13, and 9/4/13 all document the patient's improvement in pain levels by comparing the VAS with and without medications. According to the MTUS guidelines, this is a satisfactory response. MTUS states under Strategies for maintenance "Do not attempt to lower the dose if it is working" MTUS does not state the medication should be weaned when there is a satisfactory response. The use of tramadol/Ultram 50mg, #90 appears to be in accordance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Ultram 50mg #90 between 9/4/2013 and 11/08/2013: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids, specific drug list, Opioids for neuropathic pain, Long-term Opioid use Pa.

Decision rationale: The records show the patient has been using tramadol over 6-months. The 4/17/13 report from [REDACTED] states the patient's lower back pain was 7-8/10 without medications and 6-7/10 with medications which included Ultram 50mg tid, and Percocet 10/325mg q4hr. MTUS considers tramadol a synthetic opioid and it would appear that the chronic pain guidelines for Long-term users of opioids would apply. MTUS states "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. " and also "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." [REDACTED] reports from 4/17/13, 5/15/13, 6/12/13, 7/10/13, 8/7/13, and 9/4/13 all document the patient's improvement in pain levels by comparing the VAS with and without medications. According to the MTUS guidelines, this is a satisfactory response. MTUS states under Strategies for maintenance "Do not attempt to lower the dose if it is working" MTUS does not state the medication should be weaned when there is a satisfactory response. The use of tramadol/Ultram 50mg, #90 appears to be in accordance with MTUS guidelines.