

Case Number:	CM13-0041998		
Date Assigned:	12/20/2013	Date of Injury:	09/30/1999
Decision Date:	04/18/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Preventative Medicine, 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 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/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:

Final Determination Letter for IMR Case Number [REDACTED] 3 According to the records made available for review, this is a 51-year-old male with a 9/30/99 date of injury. At the time (8/16/13) of request for authorization for 1 prescription of Ultram ER 200MG #30 with 1 refill and Tramadol 50MG #100, there is documentation of subjective (low back pain with numbness in the right lower extremity; patient rates pain as 7/10 without pain medications and 2-4/10 with pain medications) and objective (4/5 strength with plantar and dorsiflexion of the right foot and EHL, reduced sensation over the right L5 dermatome, lumbar flexion and extension 30% of normal due to pain, and trigger point tenderness over the lumbar paraspinal muscles) findings, current diagnoses (lumbar degenerative disc disease, unstable L3-4 spondylolisthesis, and chronic L5 radiculopathy), and treatment to date (epidural steroid injections, physical therapy, massage therapy, and medications (including ongoing treatment with Tramadol)). Medical report identifies that patient provided a urine sample for toxicology analysis. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; Final Determination Letter for IMR Case Number [REDACTED] 3 According to the records made available for review, this is a 51-year-old male with a 9/30/99 date of injury. At the time (8/16/13) of request for authorization for 1 prescription of Ultram ER 200MG #30 with 1 refill and Tramadol 50MG #100, there is documentation of subjective (low back pain with numbness in the right lower extremity; patient rates pain as 7/10 without pain medications and 2-4/10 with pain medications) and objective (4/5 strength with plantar and

dorsiflexion of the right foot and EHL, reduced sensation over the right L5 dermatome, lumbar flexion and extension 30% of normal due to pain, and trigger point tenderness over the lumbar paraspinal muscles) findings, current diagnoses (lumbar degenerative disc disease, unstable L3-4 spondylolisthesis, and chronic L5 radiculopathy), and treatment to date (epidural steroid injections, physical therapy, massage therapy, and medications (including ongoing treatment with Tramadol)). Medical report identifies that patient provided a urine sample for toxicology analysis. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol/ Ultram ER use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRAM ER 200MG #30 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 2ND EDITION 2004 , ADDITIONALLY, OTHER MEDICAL T. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 2ND EDITION 2004 ,

Decision rationale: Within the medical information submitted for review, there is documentation of diagnoses of lumbar degenerative disc disease, unstable L3-4 spondylolisthesis, and chronic L5 radiculopathy. In addition, there is documentation of ongoing treatment with Tramadol. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, despite documentation that patient rates pain as 7/10 without pain medications and 2-4/10 with pain medications, there is no documentation of functional benefit or improvement as a reduction in work Final Determination Letter for IMR Case Number [REDACTED] 4 restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ultram ER use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Ultram ER 200MG #30 with 1 refill is not medically necessary.

TRAMADOL 50MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS
Page(s): 74-113..

Decision rationale: Within the medical information submitted for review, there is documentation of diagnoses of lumbar degenerative disc disease, unstable L3-4 spondylolisthesis, and chronic L5 radiculopathy. In addition, there is documentation of ongoing treatment with Tramadol. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Furthermore, despite documentation that patient rates pain as 7/10 without pain medications and 2-4/10 with pain medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50MG #100 is not medically necessary.