

Case Number:	CM13-0044644		
Date Assigned:	02/21/2014	Date of Injury:	02/02/2012
Decision Date:	04/30/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine & Rehabilitation 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:

The patient is a 28 year old male with a date of injury of 02/02/2012. The listed diagnoses per [REDACTED] are: Acute cervical strain, rule out disc herniation; Acute Lumbosacral strain, rule out disc herniation. According to report dated 09/30/2013 by [REDACTED], the patient presents with pain in his neck and low back. The patient will continue therapy for the cervical and lumbar spine. The patient continues with moderate to severe pain and a refill of Ultram is provided as patient has not tolerated other first line treatments. No physical examination is reported. The patient medication regimen includes Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ULTRAM 50MG #60; 1-2 TABLETS BY MOUTH EVERY 6HRS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids. Page(s): 60-61,75,80-81,88-89.

Decision rationale: This patient presents with pain in his neck and low back. The treater is requesting a refill of Ultram. For Tramadol, the MTUS Chronic Pain Guidelines page 75 states a

"small class of synthetic opioids (e.g. Tramadol) exhibits opioid activity at a mechanism of action that inhibits the re-uptake of serotonin and norepinephrine. Central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain." A review of the medical records provided for review shows that this patient has been prescribed Ultram since 05/23/2013. A report from 07/11/2013 states the patient has been taking Ultram, "which help alleviate his pain form 9/10 to 5/10." However, it is noted that the patient is experiencing side effects of nausea, headaches and dizziness. The patient stopped taking the medication due to its side effects. In this case, the treater is requesting a refill despite side effects from this medication. Furthermore, the treater does not provide any discussions on what Ultram is doing for this patient in terms function. MTUS Chronic Pain Guidelines requires documentation of pain assessment and functional changes when medications are use for chronic pain. Given the lack of required documentation for chronic use of opiates, the request is not medically necessary and appropriate.