MAXIMUS Federal Services

Case Number:	CM13-0049525		
Date Assigned:	12/27/2013	Date of Injury:	09/18/2007
Decision Date:	02/25/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/08/2013

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 38 YO female with a date of injury of 09/18/2007. The listed diagnoses per [redacted] dated 01/14/2014 are: 1. Lumbar Musculoligamentous sprain/strain with left lower extremity radiculitis and 2-3mm disc bulges at the L3-L4, L4-L5, and L5-S1 2. Left Sacroiliac joint sprain 3. Left lower extremity complex regional pain syndrome with spinal cord stimulator implantation (11/08/2011) 4. Weight gain secondary to inactivity Medical file provided for review only contains one report, which is as appeal letter by [redacted]. Utilization review letter dated 11/01/2013 denied request for Ultram ER stating "Ultram was weaned back in June of 2013 and there are no indications within the clinical history to suggest rationale to continue or restart use." Also denied was a request for 1 day follow up. Utilization review denied request stating "patient's clinical presentation has not significantly changed sufficiently that may require a follow up examination". [redacted] in his appeal letter states, "Patient has been experiencing symptoms of low back pain radiating down the left lower extremity since her injury on 09/18/2007. She has undergone several treatment modalities which include conservative methods and invasive procedures, such as left sacroiliac injection and spinal cord stimulator implantation." [redacted] goes on to state that this patient is closely monitored with UDS which is positive for Tramadol only. Furthermore, "she clearly expressed functional improvement upon using Tramadol (Ultram ER) which has proven effective and safe."

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75.

Decision rationale: This patient has a date of injury of 09/18/2007 and has continued complaints of low back pain. The treater is requesting refill of Ultram ER and a follow up visit. For Tramadol, MTUS guideline pg. 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the re-uptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (UltramÂ®) are reported to be effective in managing neuropathic pain. For chronic opiates use, MTUS guidelines require documentation of pain and functional assessment for chronic opiate use and in this case such documentation is provided in the appeal letter dated 01/14/2014. Appeal letter documents on 08/26/2013, "patient mentioned taking Ultram which helped control symptoms of hypersensitivity and CRPS" and on 11/18/2013, "Tramadol ER allowed her to function and go to work". [redacted] has noted that this patient is followed closely with UDS and she has tested positive for Tramadol only. He goes on to state this medication brings the patient pain relief and increase in function and allows her to go to work. The requested Ultram ER is medically necessary and recommendation is for approval.

1 follow-up office visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates management.

Decision rationale: This patient has a date of injury of 09/18/2007 and has continued complaints of low back pain. The treater is requesting refill of Ultram ER and a follow up visit. [redacted] appeal letter dated 01/14/2014 documents that patient continues to complain of "persistent low back pain radiating down the left knee with tingling sensation." This patient is status post left lower CRPS with spinal cord simulator implantation 11/08/2011 with continued complaints of low back pain. Given patient's chronic pain and medication regular follow-up visitations are medically reasonable. MTUS guidelines under "visit frequency" for opiates management states that there is no visit frequency and should be adjusted to the patient's need for evaluation of adverse effects, pain status and appropriate use of medications. Recommendation is for approval.