

Case Number:	CM14-0012182		
Date Assigned:	02/21/2014	Date of Injury:	08/07/2008
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/30/2014

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 Internal 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:

The patient was injured on 08/07/2008. Mechanism of injury is unknown. Progress note dated 12/06/2013 documented the patient with complaints of stabbing pain in the low back, which she rates 6-7/10, with pins and needles sensation, as well as stabbing pain in the legs which she rates 5-6/10. She also noted stabbing pain in the right wrist which she rates 7-8/10 with pins and needles as well. She is presently not working. Objective findings on examination reveal mild right-sided sciatica. There is limited range of motion of the lumbar spine. UR report dated 01/05/2014 denied the request for Ultram 50 mg #60 because the documentation does not identify quantifiable pain relief and functional improvement, appropriate medication use, lack of aberrant behaviors and lack of intolerable side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50MG, #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to CA MTUS guidelines, Ultram (Tramadol) is a synthetic opioid affecting the central nervous system. As an opioid, certain actions should be carried out for the continuation of pain management with Tramadol. Those actions include; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The available medical records do not document pain or functional assessment in order to address the benefits of the medication. Therefore, on the lack of documentation of pain and functional evaluation, the request for Ultram 50 mg #60 with 2 refills is not medically necessary and appropriate.