

Case Number:	CM14-0150175		
Date Assigned:	09/18/2014	Date of Injury:	03/15/2010
Decision Date:	12/26/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational 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 is a 60-year-old female who has submitted a claim for lumbar facet syndrome, lumbar radiculopathy, and low back pain associated with an industrial injury date of 3/15/2010. Medical records from 2014 were reviewed. The patient complained of low back pain rated 6/10 in severity, and relieved to 3/10 with medications. No side effects were reported. Activity level remained the same. Physical examination of the lumbar spine showed tenderness, positive lumbar facet loading test, and restricted motion. Straight leg raise test was negative. Motor strength of left extensor hallucis longus, left ankle dorsiflexors /plantarflexor was graded 4 to 4-/5. Sensation was diminished at left L3-S1 dermatomes. Treatment to date has included lumbar medial branch radiofrequency neurotomy, physical therapy, psychotherapy, and medications such as Neurontin, Flexeril, Celebrex, Pristiq, Ultram, and Chlorthalidon (since at least June 2014). The utilization review from 9/9/2014 modified the request for Ultram ER into Ultram 50mg, #30 for the purpose of weaning because of no supporting evidence of objective functional benefit with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SYNTHETIC OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was prescribed Ultram ER since June 2014. The patient complained of low back pain rated 6/10 in severity, and relieved to 3/10 with medications. No side effects were reported. Opioids allowed her to maintain activity level. Opioid contract was likewise renewed. The guideline criteria for continuing opioid management were met. However, the present request as submitted failed to specify dosage, frequency, and quantity to be dispensed. Therefore, the request for Ultram ER is not medically necessary.