

Case Number:	CM14-0151641		
Date Assigned:	09/19/2014	Date of Injury:	07/23/2013
Decision Date:	10/22/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old male with a 7/23/13 date of injury. At the time (7/14/14) of request for authorization for Ultram ER, 150 mg, there is documentation of subjective (severe headaches and mid facial pain) and objective (persistent right-sided nasal obstruction with incomplete vestibular resistance to air flow, tenderness over the maxillary sinus on the right side as well as some ethmoid tenderness on the right) findings, current diagnoses (history of blunt facial trauma with nasal fracture, status post reduction of nasal fracture on 7/23/13, post injury persistent facial pain with partial airway obstruction, and post-concussive syndrome with headaches, memory changes and blurred vision), and treatment to date (ongoing therapy with Ultram resulting in enhanced activities of daily living; and ongoing therapy with Norco and Voltaren). 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER, 150 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Specifically regarding Ultram, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Ultram used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Ultram. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies 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; as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence 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 or medical services. Within the medical information available for review, there is documentation of diagnoses of history of blunt facial trauma with nasal fracture, status post reduction of nasal fracture on 7/23/13, post injury persistent facial pain with partial airway obstruction, and post-concussive syndrome with headaches, memory changes and blurred vision. In addition, there is documentation of moderate to severe pain and Ultram used as a second-line treatment (in combination with first-line drugs (NSAID)). Furthermore, given documentation of ongoing treatment with Ultram resulting in enhanced activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Ultram. 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. Therefore, based on guidelines and a review of the evidence, the request for Ultram ER, 150 mg is not medically necessary.