

Case Number:	CM14-0153820		
Date Assigned:	09/23/2014	Date of Injury:	01/27/2004
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/19/2014

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 Tennessee. 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:

This is a 44-year-old female with a date of injury of 1/27/14. The mechanism of injury occurred due to stocking shelves. The progress note on 7/25/14 was not available for review and summarized from the UR. The only progress note available for review was on 9/12/14. On 9/12/14 the recommendations per the provider stated that the patient was on Ultram 50mg four times a day #120 (DOS 7/25/14). Ultram provided 50% decrease of patient's pain with 50% improvement of the patient's activities of daily living. She is on an up-to-date pain contract and her previous UDS (urine drug screen) was consistent. The medication has no adverse effects on the patient and she showed no aberrant behavior. She had increase pain, which necessitated titrating her dose from twice a day to four times a day to achieve adequate pain relief. A UDS was performed at this visit. The patient has been on Ultram since 11/26/13. On 7/25/14 she complained of bilateral neck pain radiating to the bilateral shoulders. She reported that the Ultram was not working as well as previously. On exam there was tenderness to palpation of the cervical paraspinal muscles and facet joints. There was restricted range of motion. The diagnostic impression is cervical sprain/strain, cervical disc bulge, cervical facet joint pain, and cervical facet joint arthropathy. Treatment to date: physical therapy, chiropractic therapy, and medication management. A UR decision dated 8/22/14 modified the request for Ultram (Tramadol Hydrochloride) tablets 50mg #120 to Ultram 50mg #60 with no refills. The Ultram was modified because the patient reported that the Ultram was not working as well as it used to and her pain had increased. The treatment plan noted Ultram provided 50% pain relief and 50% improvement in activities of daily living. This statement is inconsistent with the patient's recent report of decreased medication efficacy, as 50% relief was also noted at the previous clinical visit. Additionally, the prescription for Ultram was increased at the most recent clinical visit, indicating decreased efficacy. There is a lack of recent documented evidence to indicate

significant pain relief and functional improvement with the patient's current use of Ultram. The patient's urine drug screen was consistent, however, the note failed to specify the date of the most recent drug screen. Abrupt discontinuation of opioid medication is not recommended, therefore, it was modified to allow for tapering and/or submission of supporting documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol Hydrochloride) Tablets 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient stated that the Ultram provided 50% pain relief with 50% improvement of the patient's activities of daily living. On 9/12/14 the provider stated that she is on an up-to-date pain contract and her previous UDS was consistent and a current UDS was to be performed on 9/12/14. The medication had no adverse effects on the patient and she shows aberrant behavior with this medication. The patient had increased pain, which required the increase dose to four times a day. Guidelines do support the use of Ultram in this setting. Therefore, the request for Ultram 50mg #120 was medically necessary.