

Case Number:	CM14-0154828		
Date Assigned:	09/25/2014	Date of Injury:	08/13/2002
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 Medicine, and is licensed to practice in Florida. 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 injured worker is a 59-year-old female who reported an injury on 09/13/2002. The mechanism of injury reportedly occurred from lifting and bending. Her diagnoses included postlaminectomy syndrome of the lumbar region, lumbosacral spondylosis without myelopathy, lumbar disc displacement with radiculitis, chronic pain syndrome, obesity unspecified, unspecified hypothyroidism, dietary surveillance and counseling, and shoulder region pain in joint. Surgical history included back surgery at L4-5, L5-S1 fusion with hardware in 09/2006, hysterectomy in 1995, left leg surgery in 1990, and tonsillectomy in 1965. Past treatments included chiropractic therapy, aquatic therapy, lumbar epidural steroid injections, surgeries, and medications. Diagnostic studies included an MRI of the lumbar spine in 2002. On 07/01/2014 the injured worker was seen for low back pain, pain radiating down both lower extremities, pain from the neck to the lower lumbar, headaches, shoulder pain, and frozen right shoulder. The injured worker underwent a lumbar epidural corticosteroid without much benefit and aquatic therapy without much benefit, as well as A QME on 08/22/2007. The injured worker was declared permanent and stationary at that time. Her pain level was a 6/10. She also used a TENS unit to help decrease pain. She was using Ultram, 2 tablets up to 3 times a day, and this was beneficial for her pain. She denied any side effects. Current medications include albuterol sulfate; HRT cream base women patch cream; aloe liquid; Ultram 50 mg 2 tablets 3 times a day, brand required, no generic; multivitamin daily; oregano and olive oil capsule as directed; Synthroid 150 mcg tablets, 1 every morning on an empty stomach, 5 times a day; Noni juice 3000 mg/30 mL liquid as needed; omega 3 fish oil, 1200 mg, 1 capsule daily; magnesium carbonate granules as directed bath salts; Alka-Seltzer PM 325 38 mg as directed at night. The plan was to continue the Ultram and use of pool exercise. The injured worker was not interested in receiving any injections. The request is for 08/27/2014 Ultram tramadol 50 mg #540. The

rationale and Request for Authorization were not submitted within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

08/27/2014 Ultram Tramadol 50mg # 540: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Page(s): 113.

Decision rationale: The injured worker has a history of chronic pain. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The injured worker uses 2 Ultram 50 mg 3 times a day. Ultram is not recommended as a first line medication. The request calls for 540 tablets. It is unclear why there is such a large quantity requested. It is unclear as to why the injured worker is not using Ultram ER, which would provide more consistent pain coverage during the day. The frequency is not provided within the request. As such, the request for 08/27/2014 Ultram Tramadol 50mg # 540 is not medically necessary.