

Case Number:	CM14-0167708		
Date Assigned:	11/03/2014	Date of Injury:	07/22/2010
Decision Date:	12/08/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/10/2014

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 Emergency 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:

Patient with reported date of injury on 7/22/2010. Mechanism was described as a losing balance from a ladder and "twisting" spine. Patient has a diagnosis of R ankle pain post arthroscopic procedure, L5-S1 disc bulge with mild stenosis and annular tear, lumbar facet syndrome, R shoulder bursitis, insomnia and stress syndrome. Medical reports reviewed. Last report available until 8/25/14. Patient complains of low back pain, L leg pain and R leg numbness with R ankle pain. Pain is 6-8/10. Pain is described as burning. Patient also has complains of L shoulder pain. Objective exam reveal antalgic gait on L side. Lumbar exam reveals tenderness over paraspinous on L side. Midline tenderness noted. Hamstrings are tight bilaterally. Muscle spasms noted. Range of motion is mildly decreased. L5 dermatome decreased sensation bilaterally. Normal motor exam. R ankle exam reveals tenderness to anterior and lateral talofibular ligaments. Good range go motion. No swelling or instability. Medications "help". MRI of lumbar spine (12/14/12) revealed L5-S1 with minimal disc bulge. X-ray of lumbar spine (5/16/14) revealed narrowing of L5-S1 space, 1-2mm posterior subluxation of L2 on L3 and 1-2mm posterior subluxation of L3 on L4. Spur off anterior body of L3. No other advance imaging or electrodiagnostic reports were provided for review. Medications include Tramadol, Naproxen, Gabapentin, Hydrocodone, Tizanidine and Pantoprazole. Patient reportedly undergoing physical therapy. Independent Medical Review is for Ultram 50mg #90 with 3refills. Prior UR on 9/25/14 recommended modification to #90 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 MG #90 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all criteria. There is no documentation of objective improvement in pain, activity of daily living and monitoring of side effects. There is no documentation of long term plan or improvement in activity. The prescription has an excessive number of refills that does not meet MTUS requirements for close monitoring for patients on Opioids. The prescription provides 4months of Tramadol without appropriate monitoring. Due to excessive prescription and not meeting appropriate documentation of opioid monitoring criteria, this prescription for Ultram is not medically necessary.