

Case Number:	CM14-0175899		
Date Assigned:	10/29/2014	Date of Injury:	06/18/2013
Decision Date:	12/15/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine 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 41 year old male with an injury date of 06/18/13. The 07/31/14 progress report is handwritten and partly illegible. It states the patient presents with lower spine pain rated 6-8/10, and that the patient is Temporarily Totally Disabled for 4 weeks. Lumbar spine examination shows tenderness to palpation and spasm and tenderness at the left sacroiliac joint. The patient's diagnoses include: 1. Lumbar spine pain radiating to left lower extremity with Degenerative Disc Disease L5-S1 with mild spondylosis 2. Sacroiliac joint pain Medications are listed as Norco, Voltaren, Diclofenac, and Gabapentin The utilization review being challenged is dated 09/30/14. The rationale is that 4A's are not documented. Reports were provided from 12/19/13 to 07/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER (Tramadol 150mg) #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS : Office

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Page(s): 78, 88 89.

Decision rationale: The patient presents with lumbar spine pain radiating to the left lower extremity rated 6-8/10. The treater requests for Ultram ER (Tramadol 150 mg) #30 (an Opioid). MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is little information in the reports provided regarding the patient's medications. The most recent 07/31/14 report shows that Norco (an opioid) is prescribed, and the only other mention of opioids is on the 10/23/14 Request for Authorization that lists a request for Tramadol. However, this request is after the 09/30/14 utilization review. The treater does not discuss this request in the reports provided. Presumably the patient has been a user of opioids from at least 07/31/14 to 10/23/14; however, this is not clear. The reports show routine assessment through the use of a pain scale. Pain is rated 7/10 on 04/27/14 and 6-8/10 on 07/31/14. However, no specific ADL's are mentioned to show a significant change with use of this medication and opiate management issues are not addressed. No urine toxicology reports are provided or discussed, and there is no discussion of CURES. Furthermore, no outcome measures are provided as required by MTUS. In this case, there is not sufficient documentation to support what appears to be long-term opioid use therefore request is not medically necessary.