

Case Number:	CM14-0178170		
Date Assigned:	10/31/2014	Date of Injury:	11/29/2011
Decision Date:	12/11/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational 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:

This is a 70-year-old male with an 11/29/11 date of injury. According to a progress report dated 9/30/14, the patient rated his persistent back pain as a 6/10; the pain was unchanged since his last visit. He also continued to have radiation of pain into his left leg with numbness and weakness. The pain was made better with rest and medication. He stated that tramadol helped bring his pain from a 6 down to a 2. It allowed him to ambulate for 30 minutes as supposed to 15 minutes without medication. The pain was made worse with activities. Objective findings: decreased range of motion of lumbar spine, tenderness over the paraspinals equally, positive Kemp's test bilaterally, normal strength and sensation at 5/5 bilaterally at L4, L5, and S1. Diagnostic impression: lumbar disc herniation at L4-L5 with spondylolisthesis and bilateral moderate neural foraminal narrowing. Treatment to date: medication management, activity modification. A UR decision dated 10/15/14 denied the request for Ultram. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol 50mg) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 105.

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

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. 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. However, in the present case, there is no documentation that the patient has had a trial and failure of a first-line opioid medication. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Ultram (Tramadol 50mg) #90 was not medically necessary.