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| Case Number: | CM14-0053744 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 11/08/2010 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 04/14/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The patient is a 55 year old female with an industrial injury date of 11/08/2010, now more than 3 years 10 months post date of injury. Diagnoses refer to disorders of the sacrum, sciatica, chronic pain nec, and pain psychogenic nec. The prior utilization review on 4/14/2014 certified the prospective requests of cyclobenzaprine #90 and Topamax/Topiramate #60, and partially certified Tramadol/Ultracet #90, to allow #60. She is status post a lumbar ESI on 1/14/2014. According to the 4/15/2014 visit note, tenderness, decreased lumbar ROM and positive SLR bilaterally are noted on examination. The patient is prescribed Medrol dose-pack and Tramadol 50 mg #45. Tramadol ultracet 37.5mg is changed. According to the 4/24/2014 visit note, the patient complains of ongoing low back and left lower extremity pain. She feels pain is worsening. Pain is rated 5/10 without medications, with medications pain level decreases by 40%. She notes having more flare-ups. She does not feel this helps much with flare-ups. She uses tramadol as needed and feels this and rest improved her symptoms. ROS is negative. Objective examination reveals 40 degrees flexion, 5 degrees extension, spasm and guarding, and is otherwise unremarkable. Requests are for tramadol 50mg, cyclobenzaprine, and Topamax-topiramate. According to the more recent visit note dated 7/31/2014, she presents for follow-up of lower back pain. She continues with axial lower back pain with radicular symptoms into the lower extremities, with radicular pain mostly on the right side. She is taking 1 tramadol in the morning, Topamax in the night, and uses cyclobenzaprine only intermittently. She continues working full time. Pain is rated 4/10 on VAS, and 6/10 without medication. Walking and stretching before work helps relieve pain. She will continue with these exercises. She admits to one pain flare-up, which occurred on Sunday. She denies missing work as a housekeeper. She currently takes 1 tramadol ER in the morning and occasionally one at night, and takes Topamax and cyclobenzaprine at night due to drowsiness. ROS is negative. Objective examination reveals

the patient is moderately obese, otherwise no limitations or abnormal findings. Current medications are Topamax-topiramate 25mg, cyclobenzaprine 5mg, tramadol ER 100mg, albuterol 0.083% inhalant (other MD), baby aspirin 81mg OTC, hydrochlorothiazide 12.5 mg (other MD), and Sinus tablet (other MD). Diagnoses are sciatica and disorders sacrum. She does not need medication refills. She is happy with current medication regimen. Continues to have axial back pain but radicular pain has improved. She continues to decline interest in facet injections. Work status is return to full duty without restrictions as of 1/21/14. P&S.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Ultracet 37.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The patient has not returned to work. There is no evidence that notable pain relief and functional improvement have been obtained as result of ongoing use of Ultracet 37.5 mg. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The patient was temporarily taken off work and provided Medrol dosepack and Ultracet changed to tramadol 50 mg. The medical records have not demonstrated the requirements per the guidelines, for this particular opioid therapy have been met. Long-term use of opioids for non-malignant pain is not generally recommended. The medical necessity for Ultracet has not been established. The request is non-certified.