

Case Number:	CM14-0071872		
Date Assigned:	07/16/2014	Date of Injury:	07/15/2002
Decision Date:	08/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The patient is a 39 year old female who was injured on 07/15/2002. The mechanism of injury is unknown. Her past medications included Ultram ER 30 mg tablet, Trazodone 50 mg, Lidoderm 5% patch, Flexeril 10 mg, and Neurontin 300 mg, and Vicodin 5/300. She has been treated conservatively with TENS unit, electrical heating pad as needed and traction as needed. On visit note dated 04/21/2014, the patient was seen with complaints of neck pain radiating from the neck down both arms and back pain radiating from the low back down both legs. She rated her pain as 5/10 with medications and without medications, a 7/10. Her exam noted her to have restricted range of motion of the lumbar spine with flexion to 60 degrees, extension limited to 15 degrees and pain. She had paravertebral muscle tightness bilaterally. Lumbar facet loading is negative on both sides. Tenderness is noted over the sacroiliac spine. She is diagnosed with chronic back pain, lumbar facet syndrome, lumbar degenerative disk disease, and neck pain. She was recommended for aqua therapy x6 sessions and instructed to continue Ultram ER 300 mg. Prior utilization review dated 03/02/2014 states the request for Ultram ER 300 mg #30 is authorized but has been modified for 1 prescription of Ultram ER 300 mg #18 as Ultram should not be abruptly stopped due to risk of withdrawal symptoms and a slow taper should be initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 300mg #30: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tramadol.

Decision rationale: According to MTUS guidelines, Tramadol may be indicated for moderate to severe pain. Long-term efficacy of opioids is unclear for chronic back pain. There are no trials of long-term opioid use for chronic neuropathic pain. In this case the patient is taking Tramadol ER on a long-term, scheduled basis for chronic neck and back pain with lumbar radiculopathy. However, medical records fail to demonstrate clinically significant functional improvement or reduction in dependency on medical care from use of opioids or Tramadol. Medical necessity is not established.