

Case Number:	CM14-0091606		
Date Assigned:	09/05/2014	Date of Injury:	03/02/2002
Decision Date:	10/21/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/16/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 69-year-old woman sustained a work-related injury on March 2, 2002. Subsequently, she developed chronic back pain. The patient underwent a CT scan dated July 24, 2006 demonstrated persistent bilateral pars interarticularis defects at L5 with mild grade I anterolisthesis of L5 on S1, moderate bilateral foraminal stenosis with mild effacement of both L5 nerve root sleeves. According to a progress report dated May 13, 2014, the patient stated that her current level of pain is 4/10. She complains of pain in middle of her back that is well localized. Her physical examination of the low back revealed a normal gait, a normal heel-toe walk, 4-5 strength, and a normal sensation. Her medication included Tramadol, Naproxen, Coumadin, Triamterene, lovastatin, and Pennsaid. She had epidural injection series in October 2012. It was noted that the previous epidural steroid injections were effective at decreasing her pain with greater than 90% reduction lasting over 2 years. The patient was diagnosed with acquired spondylolisthesis, lumbosacral spondylosis without myelopathy, and thoracic/lumbosacral neuritis/radiculitis. The provider requested authorization to use Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol
Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>The patient achieved good pain control with previous use of Tramadol without any signs of drug misuse. However there is no clear and recent evidence of flare of the patient pain which was rated 4/10. The need for continuous use of Tramadol is unclear. There is no objective documentation of pain severity level to justify the use of tramadol. Therefore, the prescription of Ultram 50 mg #60 is not medically necessary.