

Case Number:	CM14-0186247		
Date Assigned:	11/14/2014	Date of Injury:	11/08/2013
Decision Date:	01/05/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/07/2014

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 56-year-old female with an 11/8/13 date of injury. According to a progress report dated 11/10/14, the patient had surgery on 9/18/14. Her pain was an 8/10 without medications and 4/10 with medications. Her upper extremity symptoms were much better, and she continued to have some pain in her neck. Objective findings: normal reflex, sensory, and power testing to bilateral upper and lower extremities, mildly antalgic gait, positive cervical tenderness. Diagnostic impression: right knee internal derangement, right knee strain, cervical spine sprain/strain, status post ACDF 9/18/14, depression. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/7/14 denied the request for Ultram. The patient is already on a short-acting narcotic analgesic, Norco.

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, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opiates Page(s): 113; 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 reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living from the patient's use of Ultram. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Therefore, the request for Ultram 50mg #60 was not medically necessary.