

Case Number:	CM14-0198568		
Date Assigned:	12/08/2014	Date of Injury:	07/24/2006
Decision Date:	01/22/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 45-year-old male with a date of injury of July 24, 2006. The mechanism of injury is not given. In January 2011 he underwent a fusion from L3 to S1. He complains of chronic low back pain radiating to the lower extremities. The physical exam reveals tender lumbar paraspinal musculature and a positive straight leg raise test on the left. On October 13, 2014 it was noted that he was taking Ultracet 37.5/325 mg, four tablets daily in addition to ibuprofen for pain. The medication reduced his pain from an 8/10 level to a 4-5/10. In an effort to convert to a long-acting form of tramadol, Ultram ER 50 mg was prescribed 2-3 times daily, #90. The diagnoses are chronic low back pain, depression secondary to pain, and insomnia secondary to pain. At issue is a retrospective request for Ultram ER 50 mg, #90. The utilization review physician did not certify this request because it was not shown that the worker was receiving medication from one provider only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Ultram 50mg extended release twice a day BID - three times a day TID, #90:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids criteria for use, Weaning of.

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

Decision rationale: Patients prescribed opioids chronically should have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there are improvements of pain levels and functionality as a consequence of the medication. This instance, clear evidence is provided with the medication gives substantial pain relief and affords the injured worker greater function. It appears that urine drug testing is being done and is consistent with the prescribed medication. There are no submitted records to indicate that the injured worker is obtaining medication anywhere else. Therefore, Ultram 50mg extended release twice a day - three times a day TID, #90, was medically necessary.