

Case Number:	CM14-0199866		
Date Assigned:	12/10/2014	Date of Injury:	03/28/2007
Decision Date:	01/23/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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 injured worker (IW) is a 46-year-old man with a date of injury of March 28, 2007. The mechanism of injury is documented as a cumulative trauma. The current working diagnoses are chronic thoracic pain; chronic low back pain, right lower extremity pain; detoxification program at the [REDACTED]; and thoracic multilevel laminectomy and discectomy from T10 to T12 on January 30, 2014. Pursuant to a progress note dated October 23, 2014, the IW complains of persistent low back pain and bilateral lower extremity pain, greater on the right. He takes Ambien for sleep, and Tramadol for pain, which helps somewhat. He also takes Gabapentin 300mg. Objective physical findings reveal tenderness to palpation of the paraspinal muscles of the lumbar spine. He ambulates slowly with mild antalgic gait. He has positive straight leg raise test bilaterally with shooting pains into his posterior thigh. Pursuant to a progress note dated September 15, 2014, the provider reports that he is going to stop the Ultracet and increase the Ultram 50mg 4 to 6 tablets a day. The provider dispensed #400. The provider gave the IW another #200 tablets of Tramadol on October 23, 2014. A psychiatric consultation dated November 5, 2014 on page 276 of the medical record documents the worker was hospitalized at the [REDACTED] for 45 days. The injured worker had difficulty with dependency on pills and alcohol. The exact date of hospitalization is not present in the medical record. At the [REDACTED] [REDACTED] he was reportedly discontinued from all medications. The documentation does not state why the treating physician restarted and opiate narcotic with a known history of opiate/alcohol abuse. The current request is for Ultram 50mg #200.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, a psychiatric consultation dated November 5, 2014 (page 276 of the medical record) documents the worker was hospitalized at the [REDACTED] for 45 days. The injured worker was dependent on pills (Opiates) and alcohol. The exact date of hospitalization is not present in the medical record. At the [REDACTED] he was reportedly discontinued from all medications. The recent documentation does not state why the treating physician restarted opiates with a known history of opiate/alcohol abuse. On September 15, 2014, the Ultracet was discontinued and Ultram #400 was dispensed. Presently, the treating physician is writing for Ultram 50mg #200. There are no pain assessments in the medical record. Consequently, based on the history of drug and alcohol abuse, the hospital stay at the [REDACTED], no compelling clinical indication or rationale for Ultram use, and the large quantity of pills dispensed, Ultram 50 mg #200 is not medically necessary.