MAXIMUS Federal Services

Case Number:	CM14-0208406		
Date Assigned:	12/22/2014	Date of Injury:	10/20/2013
Decision Date:	02/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/12/2014

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 32-year-old man with a date of injury of October 20, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar strain; rule out lumbar disc herniation; and radiculitis of the left lower extremity. Pursuant to the Primary Treating Physician's Progress Report dated November 21, 2014, the IW complains of persistent low back pain. He rates his pain 7/10. The pain is frequent and it radiates down the back of the leg or the hamstring muscles. Examination of the lumbar spine reveals decreased range of motion. There was tenderness over the paraspinals, left greater than right. There was tenderness to the midline. There was decreased strength at 4/5 on the left at L4, but normal at L5-S1. Deep tendon reflexes were 2+ bilaterally at the patellar and Achilles tendon. Kemp's sign was positive bilaterally. The IW takes Ultram (Tramadol) 50mg 1 to 2 tablets by mouth every 6 hours as needed for pain (max 6/day). Documentation indicates the IW has been taking Tramadol since October 27, 2014, according to a progress note with the same date. Prior to the October 27, 2014 progress note, the IW was taking Norco as far back as June of 2014. There were no detailed pain assessments or evidence of objective functional improvement associated with the ongoing use of Ultram. The current request is for Ultram (Tramadol 50mg) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or prove quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar strain; rule out lumbar disc herniation; and radiculitis of left lower extremity. The injured worker presents with persistent pain in the lower back. The documentation indicates the injured worker was taking Tramadol as early as October 27, 2014. Prior to that date, the injured worker was taking Norco as far back as June 2014. The documentation does not contain Norco's evidence of drug efficacy and objective functional improvement. Subsequent documentation does not contain evidence of drug efficacy and objective functional improvement with ongoing Tramadol use. Consequently, absent clinical documentation to support the ongoing use of opiates (tramadol) with ongoing evidence of objective functional improvement, Tramadol 50 mg #60 is not the degree necessary.