

Case Number:	CM14-0209588		
Date Assigned:	12/22/2014	Date of Injury:	08/03/2000
Decision Date:	02/19/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 40-year-old female who reported an injury on 08/03/2000. The mechanism of injury reportedly occurred from a slip and fall. Her diagnoses included lumbar strain. On 11/10/2014, the injured worker was seen for back pain that ranged from a 6/10 to 8/10. The injured worker stated sitting and standing tended to increase the pain. On exam, the injured worker's lumbosacral range of motion was 70% of normal and there was tenderness. The bilateral buttock area was mildly tender. The straight leg raise elicited hamstring tightness and back pain. The injured worker was diagnosed with lumbar strain with myofascial pain and possible left lumbar radiculitis. Prior treatments included chiropractic care. The plan was for acupuncture treatment x10 visits. Medications included Mobic 15 mg once daily, Flexeril 10 mg 1 every 12 hours as needed, and Ultram 50 mg 1 every 8 to 12 hours as needed. The treatment plan included to continue with an independent exercise program, refill medications, and followup in 1 month. The request is for Ultram 50 mg #90. The Request for Authorization and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol), Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 93, 113.

Decision rationale: The request for Ultram 50 mg #90 is not medically necessary. The injured worker has a history of back pain. The California Medical Treatment Utilization Schedule (California Medical Treatment Utilization Schedule (MTUS) guidelines do not support the use of Ultram as a first line oral analgesic. The guidelines go on to state that on-going management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is unclear how long the injured worker has been using the medication. There is lack of documentation as to the frequency of the medication. There is lack of documentation regarding monitoring for pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is lack of documentation of a CURES check or urine drug screen to show compliance. As such, the request for Ultram 50 mg #90 is not medically necessary.