

Case Number:	CM15-0005727		
Date Assigned:	01/26/2015	Date of Injury:	07/16/1995
Decision Date:	03/19/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial injury on July 16, 1995. The diagnoses have included lumbago. Treatment to date has included pain medication. Currently, the injured worker complains of low back pain. She rated the pain an 8 on a 10-point scale without the help of pain medications. She reported that she had difficulty sleeping due to pain and was functionally limited. On examination, the injured worker was able to transfer and ambulated with guarded posture. Her range of motion revealed flexion of 50 degrees and extension of 10 degrees and she had fair strength in the lower extremities. On December 25, 2014 Utilization Review modified a request for Ultram ER 100 mg, noting that the medication was appropriate for weaning. The California Medical Treatment Utilization Schedule was cited. On January 12, 2015, the injured worker submitted an application for IMR for review of Ultram ER 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 76-94 and 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol CRITERIA FOR USE OF OPIOIDS Page(s): 113, 76-78.

Decision rationale: This patient presents with chronic low back pain with left radicular pain. The current request is for ULTRAM ER 100MG #90. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Progress report dated 12/9/14 states that the patient is getting good benefit from Butrans. The patient is also concurrently utilizing Oxycodone. There is no discussion regarding the requested Ultram. On 12/15/14, a Request for Authorization was submitted requesting Ultram ER. This appears to be an initial request for this medication. The patient has been utilizing opioids including Butrans and Oxycodone and there is no discussion regarding why a weaker synthetic opioid is being requested at this time. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states that functional assessments should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities. This request IS NOT medically necessary.