

Case Number:	CM15-0104012		
Date Assigned:	06/08/2015	Date of Injury:	11/24/2008
Decision Date:	07/13/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/29/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 54 year old female who sustained an industrial injury on 11/24/2008. Diagnoses include left L5 radiculitis, status post fusion; electromyography evidence confirms this diagnosis, status post fusion L5-S1 and bilateral sacroiliitis. Treatment to date has included diagnostic studies, medications, status post lumbar fusion, epidural injections, and use of a cane for ambulation. Her medications, as of 12/11/2014, include Norco, Cymbalta, Tramadol, Lyrica and Robaxin. A computed tomography of the lumbar spine was done on 08/26/2015 but the official report is not present. The most recent physician progress note dated 12/11/2014 documents the injured worker complains of a stabbing pain in her neck more on the left side that she rates as 7 out of 10 on the pain scale. She reports difficulty sleeping due to her pain and she only is sleeping three to four hours at night. She has pain in her lower back which she rates as 7 out of 10 and the pain radiates down into the lower extremities and feet. She reports since starting Lyrica her symptoms to the legs have decreased. Her left leg is worse than the right. Her medications make her pain tolerable and allow her to be more active and even wash dishes and walk the dog. On examination of the lumbar spine is tender to palpation of the bilateral lumbar paraspinal muscles as well as over the sacroiliac joints bilaterally. Faber's test is positive bilaterally. Treatment requested is for Ultram 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram¹/₂).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals". ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen". The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Ultram 50mg #90 is not medically necessary.