

Case Number:	CM15-0109589		
Date Assigned:	06/16/2015	Date of Injury:	02/16/2012
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 46 year old male who sustained a work related injury February 16, 2012. Past history included cervical spine sprain/strain with bilateral upper extremities radiculitis, 2mm disc bulge C5-C6, lumbar spine sprain/strain with bilateral lower extremities radiculitis, 5mm disc protrusion and stenosis and facet osteoarthritis L4-L5 4mm disc protrusion L5-S1. According to a most recent primary treating physician's progress report, dated March 27, 2015, the injured worker presented with low back pain radiating to the bilateral knees with numbness and tingling, left greater than right. He also complains of weakness in his legs. He reports neck pain radiating to his bilateral elbows with numbness and tingling. Physical examination of the cervical spine revealed tender paraspinals and trapezius. Lumbar spine examination revealed tender paraspinals with spasm to the left knee. Straight leg raise is positive. Some of the handwritten notes are difficult to decipher. Treatment plan included refill of medications, spine consult, and a moist heating pad. At issue, is the retrospective request for Ultram extended release. The medications listed are Neurontin, FexMid and Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultram extended release 150mg, four times a day by mouth, quantity 30:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol Page(s): 78-80; 93-94;124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43,111, 113,119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records did not show that the patient failed treatments with NSAIDs or non opioid medications. There is no documentation of guidelines mandated compliance monitoring of serial UDS and CURES data reports. The criteria for retrospective Ultram ER 150mg 1-2 QD #30 was not met.