

Case Number:	CM15-0130522		
Date Assigned:	07/16/2015	Date of Injury:	10/01/2012
Decision Date:	08/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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, District of Columbia, Maryland
 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 female who sustained an industrial injury on 10/01/2012. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar spine degenerative disc disease, lumbar spine radiculopathy, postlaminectomy syndrome and depression. The injured worker is status post lumbar surgery times two (no dates/procedures documented). Treatment to date has included diagnostic testing, lumbar surgery, failed opiate therapy, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 15, 2015, the injured worker continues to experience chronic low back and left leg pain with flare-ups. The injured worker rates her pain level at 10/10 without medications. Evaluation noted the injured worker ambulates with a cane and has an antalgic gait. There was limited active range of motion in all fields due to pain. Motor strength of the left lower extremity was 4+/5 with diminished sensation. The sciatic notch and joints were painful to palpation bilaterally. Straight leg raise, Patrick's and Gaenslen's signs were positive bilaterally. Urine drug screening has been consistent with medications prescribed. Toradol intramuscularly was administered for the flare-up of pain. Current medications are listed as Ultram 50mg, Neurontin and Cymbalta. Treatment plan consists of psychiatric evaluation and clearance for a trial spinal cord stimulator (SCS), continuing with medications as prescribed, continuing with home exercise program, staying active and the current request for Ultram 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Ultram nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 1/2015. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. CURES report was reviewed 6/15/15 and was appropriate. UDS was done 5/14/15 and was consistent with tramadol. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.