

Case Number:	CM15-0134418		
Date Assigned:	07/22/2015	Date of Injury:	10/02/2014
Decision Date:	08/26/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/13/2015

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 21 year old male, who sustained an industrial injury on 10/02/2014. Diagnoses include lumbosacral sprain/strain with 4mm lumbar disc protrusion at L5-S1. Treatment to date has included conservative measures including diagnostics, modified work, physical therapy and opioid pain medication. Magnetic resonance imaging (MRI) of the lumbar spine dated 4/14/2015 revealed central 4mm disc protrusion resulting in mild effacement of the left sub articular recess and minimal posterior displacement of descending left S1 nerve roots without evidence of impingement. There is no significant neural foraminal narrowing. Per the Primary Treating Physician's Progress Report dated 5/19/2015, the injured worker reported low back pain radiating down both lower extremities to the feet, left greater than right. Physical examination of the lumbar spine revealed normal lumbar lordotic curvature. There was no paralumbar spasm. There was some paralumbar tenderness. There was mild tenderness to the midline and mild sacroiliac joint tenderness. The plan of care included EMG (electromyography)/NCV (nerve conduction studies) of the bilateral lower extremities and a prescription for Ultram. Authorization was requested 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: Based on the 05/19/15 progress report provided by treating physician, the patient presents with low back pain radiating down both lower extremities to the feet, left side greater than right. The request is for Ultram 50MG. The Request for Authorization form is dated 06/01/15. MRI of the lumbar spine, 04/14/15, shows central 4 mm disc protrusion at L5- S1 resulting in mild effacement of the left subarticular recess and mild posterior displacement of descending left S1 nerve roots without evidence of impingement. X-ray of the lumbosacral spine, 11/19/14, is unremarkable. Physical examination of the lumbar spine reveals there is some paralumbar tenderness. There is mild tenderness in the midline. There is mild SI joint tenderness. Straight leg raising bilaterally causes back pain, more on the left. Physical therapy provided minimal help, but it was not significant or lasting. Per progress report dated 05/19/15, the patient is temporarily partially disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 05/19/15, treater's reason for the request is "for pain and, hopefully, he can diminish his use of Norco." It appears this is the initial trial prescription of Ultram. Since this is the initial prescription, the treater has not had the opportunity to document the medication efficacy. However, treater does not specify the quantity of the requested medication, nor document how many or how often it is to be taken by the patient. In this case, given the lack of information, a determination cannot be made. Therefore, the request is not medically necessary.