

Case Number:	CM15-0135612		
Date Assigned:	07/23/2015	Date of Injury:	06/06/2005
Decision Date:	08/20/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old male who sustained an industrial injury on 06/06/05. Initial complaints and diagnoses are not available. Treatments to date include medications, radiofrequency ablation, and a medial branch block at L3-5. Diagnostic studies include a MRI from 2005. Current complaints include low back pain. Current diagnoses include lumbosacral disc degeneration, right sacroiliac joint dysfunction, and right L5 radiculopathy. In a progress note dated 06/04/15 the treating provider reports the plan of care as medications including gabapentin, fenoprofen, cyclobenzaprine, and Ultram. His Kadian and Norco will be discontinued after the Ultram has achieved adequate blood levels. The requested treatment includes Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER (extended release) 150 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for chronic low back pain. When seen, he was having right lower extremity radicular symptoms. There had been improvement in back pain after medial branch radiofrequency ablation. Physical examination findings included decreased and painful lumbar range of motion with positive right straight leg raising. There was lumbar paraspinal muscle tenderness with spasms. Faber's testing was positive on the right side and there was minimal sacroiliac joint tenderness. Kadian and Norco were being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Ultram ER was added and the total MED was increased to 90 mg per day. The plan references weaning Kadian and Norco. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management when he was having increased pain. The total MED remained less than 120 mg per day consistent with guideline recommendations. However, Kadian, another sustained release opioid was being prescribed. Prescribing another sustained release opioid was not medically necessary. Therefore, the request is not medically necessary.