

Case Number:	CM15-0144046		
Date Assigned:	08/05/2015	Date of Injury:	09/14/2013
Decision Date:	09/22/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 48 year old male who sustained an industrial injury on 9-14-13. The injured worker was diagnosed as having status post L4 to L5 laminectomy, cervical pain and chronic pain and disability syndrome. Currently, the injured worker reported pain in the back and neck. Previous treatments included epidural steroid injections, oral pain medication, physical therapy, aquatic therapy, oral steroids, muscle relaxants and status post laminectomy (1-12-15). Previous diagnostic studies included electromyography, magnetic resonance imaging, and radiographic studies. The injured work status was noted as temporary total disability. The injured workers pain level was noted as 5 out of 10. Physical examination was notable for antalgic gait, healed surgical incision, range of motion within normal limits. The plan of care was for 1 prescription of Ultram 50 milligrams quantity of 90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultram 50mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Ultram (tramadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing neck and lower back pain. The recorded pain assessments contained few of the elements suggested by the Guidelines. There was no discussion detailing the reason this medication was being added to the worker's pain regimen, providing an individualized risk assessment, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 90 tablets of Ultram (tramadol) 50mg with one refill is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.