MAXIMUS Federal Services

Case Number:	CM15-0144233		
Date Assigned:	08/05/2015	Date of Injury:	07/03/1994
Decision Date:	10/02/2015	UR Denial Date:	06/24/2015
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: California, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, 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 59 year old female who sustained a work related injury July 3, 1994. Past history included status post lumbar surgery 1993, April 1998, September 2000, and December, 2004. According to a physician's progress noted, dated April 27, 2015, the injured worker presented with complaints of low back pain with radiation into both extremities, left greater than right, with numbness and tingling. She has had a trial of acupuncture and has been attending water therapy. Some of the typed photocopied notes are difficult to decipher. She is using a cane to assist with ambulation. Lumbar range of motion is limited to extension due to increased pain levels. Straight leg raise is positive bilaterally. Diagnoses are lumbosacral radiculopathy, status post lumbar fusion; hand tremor. At issue is the request for authorization for one prescription of Ultram ER #60 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Ultram ER #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultram ER #60 with 6 refills, California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram ER #60 with 6 refills, is not medically necessary.