

Case Number:	CM15-0145172		
Date Assigned:	08/06/2015	Date of Injury:	01/27/2011
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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 66-year-old male injured worker suffered an industrial injury on 1-27-2011. The diagnoses included probable epidural fibrosis and chronic leg pain. The treatment included medications and epidural steroid injections. On 7-1-2015, the treating provider reported constant pain to the legs rated 4 to 9 out of 10. He had mild difficulty transferring from the chair to standing and from standing to the exam table. It was not clear if the injured worker had returned to work. The requested treatments included Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg Qty 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60,61, 76-78, 88,89.

Decision rationale: The current request is for Ultram 50mg Qty 120.00. The RFA is dated 07/01/15. The treatment included medications and epidural steroid injections. The patient's

disability status form states: Work Status: Regular Duty, but progress reports note the patient is retired. MTUS, Criteria for use of Opioids, 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 4A's (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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 07/01/15, the patient reported constant pain to the legs rated 4 to 9 out of 10. He had mild difficulty transferring from the chair to standing and from standing to the exam table, tenderness to palpation and decreased ROM. The treater is requesting a refill of Ultram, which he has been utilizing since at least March of 2014. The patient reports "medication is helpful." It was noted that patient is "doing OK with meds. No new problems noted. Meds refilled." In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, or changes in ADL's to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.