

Case Number:	CM15-0160112		
Date Assigned:	08/26/2015	Date of Injury:	10/22/1998
Decision Date:	09/30/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 59 year old male, who sustained an industrial injury on 10-22-1998. The injured worker was diagnosed as having lumbar disc displacement, lumbar sprain, and lumbar disc degeneration. Treatment to date has included diagnostics, chiropractic, transcutaneous electrical nerve stimulation unit, and medications. Currently, the injured worker complains of persistent low back pain and discomfort with radiation to his buttocks. He reported that although there was pain relief, it was not adequate to improve functionality and decrease the use of oral medication. He reported that there was still significant pain and stiffness during the course of activities of daily living. His pain was rated 8 out of 10. Objective findings included tenderness to palpation of the paraspinal muscles, restricted and painful range of motion, decreased sensation to light touch in the lumbar spine, pain in the lower lumbar area, weakness in the lower extremities, and a depressed mood and affect. His current medications included Naprosyn, Tramadol, Lidoderm patches, and analgesic ointments. It was documented that chronic pain increased his blood pressure and he was recently diagnosed with high blood pressure. His work status was not documented. The treatment plan included continued medications. Urine toxicology reports (5-05-2014 and 10-22-2014) were consistent with the use of Tramadol. Pain levels were consistent for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Ultram nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS dated 5/5/14 and 10/22/14 were consistent with the use of tramadol. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.