

Case Number:	CM15-0163782		
Date Assigned:	09/01/2015	Date of Injury:	04/01/2008
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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 injured worker is a 37 year old male, who sustained an industrial injury on 04-01-2008. On provider visit dated 07-30-2015 the injured worker has reported upper and lower back pain 8 out of 10 without medication as well as pain and numbness in the bilateral lower extremities. On examination the thoracic and lumbar spine range of motion was restricted, multiple myofascial trigger points and taut bands were noted throughout the thoracic and lumbar paraspinal musculature. The diagnoses have included lumbosacral radiculopathy, chronic myofascial pain syndrome-thoracolumbar spine - moderate to severe and disc protrusion at L5-S1. Treatment to date has included medication. The provider requested Ultram 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg Take 1 2x/Day x 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Opioids, dosing; Tramadol (Ultram); Weaning of Medications Page(s): 78, 80, 81, 82, 86-86, 93-94, 113, 124. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 115.

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 patient was injured on 04/01/08 and presents with upper and low back pain. The request is for ULTRAM 150 MG TAKE 1 2X/DAY X 4 WEEKS for breakthrough pain. There is no RFA provided and the patient is not currently working. He is going to college full time. There is only treatment reports provided from 07/30/15 and there is no indication of when the patient began taking Ultram. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -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 Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: Appears to be efficacious but limited for short- term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long- term use of opiates may be indicated for nociceptive pain as it is Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 07/30/15 report states that the patient reports getting greater than 50-60% improvement in both his overall pain and ability to function with his current medications, which decrease his pain to 2-3/10 and allow him to perform activities of daily living with greater ease, such as sitting, walking, bending, lifting, bathing, cooking, sleeping, and socializing Significant intolerable side-effects to the prescribed medications are not seen in this patient. Pain is 8/10 w/o meds and decreases to 2-3/10 with current medications. Although the treater discusses all 4 A's as required by MTUS guidelines, long term use of opiates is not recommended for patients with low back pain. Therefore, the requested Ultram IS NOT medically necessary.