

Case Number:	CM15-0182156		
Date Assigned:	09/23/2015	Date of Injury:	09/05/2014
Decision Date:	10/27/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old male who sustained an industrial injury on September 05, 2014. A recent primary treating office visit dated August 17, 2015 reported subjective complaint of: "the pain is severe," "the pain remains severe and radiates from the lower back to the right lower extremity." Of note, he did receive a selective nerve block that gave him "over 50% relief". The pain is most severe in the right lower extremity. The non-steroidal anti-inflammatory medications help and he uses a proton pump inhibitor which improves the gastric symptoms. "He wants to wean from medications, but his pain is intolerable without them." He has muscle spasms and needs a muscle relaxant. He needs refills. The pain is bad enough for surgery but he is afraid of having it performed. He will consider his options but wants to try another block first. The following diagnoses were applied to this visit: herniated nucleus pulposus L5 S1; status post decompression with residual recurrent herniation and post laminectomy syndrome. The plan of care noted: repeat selective nerve blocks; refills medications: Naproxen, Pantoprazole, Ultram, and Percocet. "These medications decrease the patient's pain by approximately 2-3 points on the pain scale." "The medications allow improved activities of daily living including the ability to ambulate, use the bathroom, provide self-care, cook and clean." "The patient's ability to function is much improved with the use of the prescribed medications and has resulted in a marked decrease in symptoms." Documentation showed July 15, 2015 the following being prescribed: Anaprox, Ultram, and Protonix. Subjective complaint of: "pain is worse." There is note of pending appointment for injection on July 24, 2105. He is in need of refills. There is vague comment regarding the use of Ultram in

weaning from Percocet. A rehabilitation follow up dated June 15, 2015 reported subjective complaint of "pain in the back and right leg". Previous treatment to include: surgery, acupuncture, injections, activity modifications. Current medications are: Oxycodone, one tablet daily and Percocet one daily with note of past medications as "none". The plan of care is with recommendation for injection. Medications noted on June 10, 2105 consisted of: Anaprox, Fexmid, Ultram, and Protonix. On August 18, 2015 a request was made for Ultram 50mg #60 which was noted with denial due to recommended guidelines require documentation describing a process of weaning off from medications Opioids prior to initiating medication. The documentation provided did not show evidence of required data.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: Ultram 50mg #60 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The prescribing physician describes this patient as TTD, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. The documentation does not indicate a treatment plan which is recommended by the MTUS including prescribing opioids based on with specific functional goals or return to work. The documentation indicates that the patient is on 2 short acting opioids without evidence of increased function. The request for continued Ultram is not medically necessary.