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| Case Number: | CM15-0187489 | | |
| Date Assigned: | 09/29/2015 | Date of Injury: | 12/09/1998 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/05/2015 |
| Priority: | Standard | Application Received: | 09/23/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old male, who sustained an industrial injury on 12-9-1998. The injured worker is undergoing treatment for: lumbar radiculitis, lumbar disc herniation. On 7-16-15, he reported neck and back pain rated 6 out of 10. He also reports muscle spasms and increased pain at night. He requested to go back on Ultram indicating he did not want to rely on Norco. Physical examination revealed the low back to have restricted range of motion, hypertonicity, spasm, tenderness and tight muscle bands noted in the low back. He is noted to have signed a controlled substance agreement. On 8-18-15, he reported back and neck pain. He rated his pain 7 out of 10, and indicated his medications to be working well with no reported side effects. Objective findings are not documented. The records do not discuss 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. There is no discussion of aberrant behaviors or adverse side effects. The treatment and diagnostic testing to date has included: Medications have included: Trazodone, Ambien, Norco, Ultram, and Metformin. Current work status: regular duty. The request for authorization is for: Ultram (Tramadol Hydrochloride) tablets, quantity 90 with 2 refills. The UR dated 9-5-2015: non-certified the request for Ultram (Tramadol Hydrochloride) tablets, quantity 90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg take 1 up to three times a day as needed for moderate pains, #90 with 2 refills: 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, long-term assessment, Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1998 and continues to be treated for low back pain with left lower extremity radicular symptoms. When seen, pain was rated at 7/10. The claimant reported he was taking his medications as prescribed and they were working well without side effects. Physical examination findings were a body mass index of nearly 30. Norco and Ultram were refilled. The Norco MED (morphine equivalent dose) was 5 mg and Ultram MED was 10 mg. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.