

Case Number:	CM15-0187586		
Date Assigned:	09/29/2015	Date of Injury:	02/19/2004
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 67-year-old female, who sustained an industrial injury on 2-19-2004. A review of the medical records indicates that the injured worker is undergoing treatment for status post L4-L5 discectomy with fusion, L2-L3 and L3-L4 facet arthralgia, left more than right sacroiliac arthralgia, and left sciatica. On 8-12-2015, the injured worker reported right shoulder and low back pain referring down the left lower extremity and to the left heel and calf, and left knee pain, unchanged since the 7-13-2015 visit. The Treating Physician's report dated 8-12-2015, noted the injured worker rated her pain without medication as 10 out of 10, with medication 5-7 out of 10, noting constipation could occur with medications as well as gastritis. The lumbar spine examination was noted to show bilateral straight leg raise at 90 degrees with pain referring to the left calf, decreased lordosis, decreased sensibility over the left lateral foot, and moderate pain referring to the bilateral lower extremities with range of motion (ROM). Prior treatments have included lumbar surgeries, spinal cord stimulator (SCS), physical therapy, acupuncture, TENS, and massage. The treatment plan was noted to include discontinuation of the Diclofenac as her liver enzymes were elevated, which the Physician noted might have also been due to a history of gastric issues, but also prolonged use of medications, mainly Lyrica, Tramadol, Cymbalta, and Kadian. The injured worker was noted to be continued on Lyrica, Ultram ER, Ultram IR, Cymbalta, and Kadian, all noted to have been prescribed since at least 3-15-2013. The request for authorization dated 8-12-2015, requested Kadian 10mg po BID #60 with 4 refills, Ultram ER 100mg po BID #60 with 4 refills, and Ultram IR 50mg po BID #60 with 4 refills. The Utilization Review (UR) dated 9-8-2015, denied the requests for Kadian

10mg po BID #60 with 4 refills, Ultram ER 100mg po BID #60 with 4 refills, and Ultram IR 50mg po BID #60 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 10mg po BID #60 with 4 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): Oral morphine.

Decision rationale: Kadian contains Morphine. Morphine is not indicated 1st line for mechanical or compressive etiologies. The claimant was on Kadian and Ultram for several months, the claimant was unable to take NSAIDs and Tylenol due to elevated LFTs and side effects. Although, there was reasonable pain relief with the use of Kadian and Tramadol, 4 additional refills and future response cannot be justified. As a result, the request for Kadian as prescribed cannot be justified and is not medically necessary.

Ultram ER 100mg po BID #60 with 4 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 for chronic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had also been on Kadian. Pain reduction due to Ultram was not known. ong-term use and future response is not recommended and cannot be determined. The claimant had been on the maximum dose. The continued use of Tramadol ER100 mg with 4 refills as above is not medically necessary.

Ultram IR 50mg po BID #60 with 4 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 for chronic pain.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had also been on Kadian. Pain reduction due to Ultram was not known. Long-term use and future response is not recommended and cannot be determined. The claimant had been on the maximum dose. The continued use of Tramadol ER 50 mg with 4 refills as above is not medically necessary.