

Case Number:	CM15-0189115		
Date Assigned:	10/01/2015	Date of Injury:	01/07/2005
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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 45 year old male with an industrial injury date of 01-07-2005. Medical record review indicates he is being treated for brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, shoulder region disorders, enthesopathy of wrist and pes anserinus tendinitis or bursitis. Subjective complaints (08-17-2015) included back pain radiating into lower extremities with pain, paresthesia and numbness. Physical examination (08-17-2015) revealed spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. Other findings included an antalgic gait with the use of a one-point cane. Work status (08-17-2015) is documented as "work restrictions will continue per the permanent and stationary report." The treating physician was requesting Tramadol 100 mg twice a day as needed and documented the following: "This is a steady medical regimen. The patient is unlikely to be able to reduce his intake of Tramadol and continue to maintain his current reduced level of activity. There is a concern without the Tramadol the patient will completely become inactive and will be unable to conduct even the basic activities of daily living." Medical record review does not indicate specific activities of daily living. His current medication included Tramadol at least since 07-06-2015. Prior treatment included physical therapy, occupational therapy, chiropractor treatments, acupuncture and medications. Prior medications included Klonopin, Norco, Soma, Vicodin, Motrin, Naproxen and Flexeril. Medical record review does not indicate urine drug screening, pain agreement or drug monitoring. On 08-27-2015 the request for Ultram (Tramadol) 100 mg #60 with 5 refills was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) 100mg #60 with 5 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 8/17/15 progress report provided by the treating physician, this patient presents with back pain radiating into the lower extremities with pain/paresthesia/numbness. The treater has asked for Ultram (Tramadol) 100mg #60 with 5 refills on 8/17/15. The patient's diagnoses per request for authorization dated 8/20/15 are brachial neuritis or radiculitis not otherwise specified, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, shoulder region disorders not elsewhere classified, enthesopathy of wrist, and pes anserinus tendinitis or bursitis. The patient has an antalgic gait and is ambulating with a one-point cane per 8/17/15 report. The patient is s/p stroke and has weakness in the right side of his body per 5/4/15 report. The patient has difficulty with activities of daily living such as prolonged sitting, standing, walking, squatting, stooping, pushing, and pulling per 5/4/15 report. The patient's work status is permanent and stationary with work restrictions per 8/17/15 report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Patient has been taking Ultram since at least 7/6/15 report, and he is currently using it per 8/17/15 report. Without Ultram, there is a concern that the patient will be "unable to conduct even basic activities of daily living" states the 8/17/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.