

Case Number:	CM15-0189641		
Date Assigned:	10/28/2015	Date of Injury:	10/04/2007
Decision Date:	12/09/2015	UR Denial Date:	09/08/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old male who sustained an industrial injury October 4, 2007. Assessment is documented as status post L2-3, L4-5 microdiskectomy April 2015. According to a physician's clinic follow-up note dated August 19, 2015, the injured worker presented four months post-operatively with some increasing spine pain he reports due to physical therapy. He reported he can sit from 10-15 minutes and then will have to change positions. He denies any lower extremity radiculopathy or new weakness. Neurologically he appears to be intact in the lower extremities with no myotomal deficits noted. Treatment plan included continued lumbar spine physical therapy. The physician documented: "I did okay him to ride a motorcycle since his restrictions have been lifted". At issue, is a request for authorization for Ultram 50mg once to twice daily #60 (he had been taking Percocet June 3, 2015). According to utilization review dated September 8, 2015, the request for 18 sessions of physical therapy was conditionally non-certified. The request for Ultram 50mg #60 was modified to Ultram 50mg #30.

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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is status post L2 - L3 and L4 - L5 microdiscectomy. Date of injury is October 4, 2007. Request authorization is August 27, 2015. According to a March 16, 2015 progress note, the treating provider prescribed Ultram 50 mg. According to an August 19, 2015 progress note, the injured worker status post microdiscectomy April 16, 2015. Subjectively, the injured worker has increased pain secondary to recent aggressive therapy. Objectively, neurologically the injured worker is intact with no myotomal deficits. The documentation does not demonstrate objective functional improvement to support ongoing Ultram. There are no detailed pain assessments or risk assessments. There is no documentation showing an attempt at weaning Ultram. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments, no attempt at weaning and no documentation demonstrating objective functional improvement, Ultram 50 mg #60 is not medically necessary.