

Case Number:	CM15-0193155		
Date Assigned:	10/07/2015	Date of Injury:	06/12/2003
Decision Date:	11/16/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/01/2015

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 78 year old male with an industrial injury date of 06-12-2003. Medical record review indicates he is being treated for spinal-lumbar degenerative disc disease and spasm of muscle. Subjective complaints (09-22-2015) included back pain radiating from low back down both legs and lower backache. The pain rating is documented as 2 out of 10 with medications and 4 out of 10 without medications. The provider indicates there have been no new problems or side effects, quality of sleep is good, activity levels has remained the same , pain is unchanged since last visit and the injured worker denied any new issues. The treating physician noted, "meds continue to work well to manage his pain." The treating physician also documented the following: "With meds and from benefit of epidural patient reports pain score of 6 out of 10; without meds patient states pain as high as 9 out of 10. With meds patient goes to the gym 5 days a week, he walks for one hour on the treadmill and uses gym strengthening equipment with moderation and care." Work status (09-22-2015) is documented as "currently not working, permanent and stationary." His current medications included Colace, Ultram ER (at least since 02-10-2015), Ultram (at least since 02-10-2015) and Aleve. Prior medications included Gabapentin, which was discontinued due to "severe itching." Prior treatments included lumbar epidural steroid injections times 5 and medications. Objective findings (09-22-2015) included restricted range of motion of the lumbar spine with flexion limited to 50 degrees, extension limited to 10 degrees, right lateral bending limited to 15 degrees and left lateral bending limited to 15 degrees. Paravertebral muscles were tender with tight muscle band noted on both sides. Right shoulder movements are documented as restricted "with pain." The treating physician noted speech was normal in rate, flow, rhythm, productivity and tone and the injured

worker was alert and oriented without evidence of somnolence. The treating physician documented the following: "The patient currently has adequate and appropriate analgesia medications with functional benefit and improved quality of life. The patient has improved capability for activities of daily living including self-care and household tasks with the medications, which is reflected in improved capability for daily functional activities. The patient denies any new adverse effects from medications. The risks and the benefits of the medications have been discussed with the patient in detail and continued to be reiterated on every visit. The patient currently does not exhibit any adverse behavior to indicate addiction. The patient has signed opiate agreement on file, which the patient understands. We attempt periodic opiate reduction and weaning." On 09-25-2015 utilization review issued the following decision for the requested treatments listed below: Ultram ER (extended release) 300 mg Qty 30 with 1 refill; non-certified. Ultram 50 mg Qty 60 with 1 refill; modified to Ultram 50 mg Qty 60 with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg Qty 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for chronic pain.

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

Decision rationale: Ultram 50 mg Qty 60 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a 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 MTUS supports clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation states that the patient has consistent urine drug screening. There is discussion of weaning of opioids and discussion of improved VAS score and improved ability to function. The documentation does not include an objective urine drug screen or updated signed pain treatment for review. The MTUS does not support opioids without improvement in function or analgesia therefore a refill of this medication is not medically necessary without evidence of efficacy and compliance with the MTUS Guidelines. The request for Ultram with one refill is not medically necessary.

Ultram ER (extended release) 300 mg Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

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

Decision rationale: Ultram ER (extended release) 300 mg Qty 30 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a 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 MTUS supports clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation states that the patient has consistent urine drug screening. There is discussion of weaning of opioids and discussion of improved VAS score and improved ability to function. The documentation does not include an objective urine drug screen or updated signed pain treatment for review. The MTUS does not support opioids without improvement in function or analgesia therefore a refill of this medication is not medically necessary without evidence of efficacy and compliance with the MTUS Guidelines. The request for Ultram ER with one refill is not medically necessary.