

Case Number:	CM15-0199340		
Date Assigned:	10/14/2015	Date of Injury:	09/24/2009
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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 66 year old female, who sustained an industrial injury on 9-24-09. The injured worker is being treated for depression, chronic pain syndrome, numbness, RSD of lower leg, leg pain and ankle pain. Urine toxicology screen performed on 4-30-15 was inconsistent with medications prescribed. Treatment to date has included physical therapy, home exercise program, massage therapy, aqua therapy (improved pain), topical Lidoderm patches, oral medications including Gabapentin, Naproxen, Bupropion, Celexa and Tramadol (since at least 2012); acupuncture (improved pain) and activity modifications. On 8-17-15, the injured worker complains of continued foot and ankle pain described as aching, burning, tingling and numbness in lower legs and aching and stabbing in her head. She reports pain is unchanged since her last visit and rated 4 out of 10 with medications and 7 out of 10 without medications. Work status is noted to be permanent and stationary. Physical exam performed on 8-17-15 revealed hypesthesia over both feet ankles with full range of motion. The treatment plan included prescription for Ultram 50mg #200. On 9-25-15 request for Ultram 50mg 3200 was modified to Ultram 50mg #125 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 MG Qty 200: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 #200 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 diagnoses are depression; chronic pain syndrome; numbness; RSD lower extremities; leg pain; and ankle pain. The date of injury is September 24, 2009. Request for authorization is September 17, 2015. According to a progress note dated August 19, 2010, the treating provider prescribed Vicodin, tramadol, and gabapentin. In 2014, tramadol was prescribed TID. According to a September 14, 2015 progress note, subjective complaints include foot and ankle pain. The injured worker is engaged in a home exercise program. There is some jaw aching. Objectively, the examination is unremarkable. There is no tenderness documented and no range of motion issues. There is no documentation demonstrating objective functional improvement to support ongoing Ultram (tramadol). There are no detailed pain assessments or risk assessments in the medical record. There is no documentation demonstrating an attempt at weaning tramadol. Moreover, the tramadol dose was increased from 2014 through September 2015 to Tramadol 1-2 tablets TID (maximum six per day). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no attempt at weaning, and documentation showing tramadol was increased in frequency, Ultram 50 mg #200 is not medically necessary.