

Case Number:	CM15-0200527		
Date Assigned:	10/15/2015	Date of Injury:	1/22/2014
Decision Date:	11/25/2015	UR Denial Date:	09/27/2015
Priority:	Standard	Application Received:	10/13/2015

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: New Jersey

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 55 year old male, who sustained an industrial injury on 1-22-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar spine sprain-strain. The progress note dated 8-28-2015 was hand written and difficult to decipher. The injured worker presented with complaints of increased low back pain with radiation into the right lower extremity. On a subjective pain scale, he rates his pain 9 out of 10. The physical examination of the lumbar spine reveals tenderness to palpation, spasm, decreased range of motion, and positive straight leg raise test on the right. The current medications are not specified. The medical records do not indicate when Ultram was originally prescribed. Previous diagnostic studies include x-rays. Treatments to date include medication management, physical therapy, chiropractic, and acupuncture. Work status is described as not working. The original utilization review (9-27-2015) had non-certified a request for Ultram 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150 mg #30: Overturned

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, criteria for use.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, Norco was used for a period of time, but did not sufficiently control the chronic pain experienced by this worker, a referral to a pain specialist was requested and approved, which is appropriate. The provider also prescribed Ultram 150 mg #30 likely to bridge the worker over to the point where the pain specialist would be able to then control the pain medication prescribing. This medication was intended to be used once daily, which is appropriate and its temporary use will be considered medically necessary considering the circumstances. Refilling in the future, of course, would need to be from the pain specialist and only based on effectiveness of this trial of 30 days.