

Case Number:	CM15-0206431		
Date Assigned:	10/23/2015	Date of Injury:	12/22/2012
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency 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 58 year old female injured worker suffered an industrial injury on 12-22-2012. The diagnoses included lumbar radiculitis and facet arthropathy. On 8-25-2015, the AME provider reported she was taking Tramadol for pain at least since 2-25-2015. On 10-1-2015, the treating provider reported low back pain. The provider noted the magnetic resonance imaging showed bulging disc at L5-S1 with no evidence of facet arthropathy. On exam, the lumbar range of motion was reduced. Prior treatment included radiofrequency ablation for lumbar facet arthropathy. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no aberrant risk assessment. Diagnostics included magnetic resonance imaging 9-21-2015. The Utilization Review on 10-8-2015 determined modification for Ultram 50mg #120 with 3 refills to no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120 with 3 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): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation states that patient is in the process of being weaned from opioids. Patient is also on Wellbutrin, which in combination with Ultram may cause serotonin syndrome. Patient is asymptomatic. Continued use of Ultram is indicated however, the number of refills requested is not appropriate. It is not consistent with close monitoring especially with potential interactions between medications. The request is not medically necessary.