

Case Number:	CM15-0206880		
Date Assigned:	10/23/2015	Date of Injury:	02/17/2006
Decision Date:	12/07/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old male who sustained an industrial injury on 2-17-06. He is working but having difficulty because medications are not available (8-6-15 note). The medical records indicate that the injured worker was being treated for low back pain syndrome, possibly discogenic low back pain with intermittent left lumbar radiculitis. He currently (9-28-15) complains of back pain radiating down the left leg. Per 9-10-15 note "medications help to decrease his subjective pain complaints as well as his functional abilities, the patient does not abuse medications". The provider added Norco as Ultram was not strong enough but is was denied per 9-10-15 note. The injured worker had been on Norco per 6-4-15 note and was then off it and on Vicodin. The physical exam (9-10-15) revealed tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions with some trigger point identified in the lower lumbar paraspinal areas. He has an antalgic gait and neurological exam is intact, his range of motion was 70% of normal per 3-3-15 note. The 3-3-15 progress note also indicated that the injured workers pain level without medication was 9 out of 10 and he was able to sit for 20 minutes, stand for 15 minutes, and walk about 50 feet, vacuum 1 room, unable to mow lawn or wash his car. With medication, his pain level was 3-4 out of 10 and he was able to sit for 45-60 minutes, stand for 45 minutes, walk a quarter mile, vacuum the entire house, mow lawn and wash his car. The pain level was 5-9 out of 10 per 4-1-14 note. No other pain levels were enumerated. There is a pain management agreement on file. He had an MRI of the lumbar spine (7-31-12) showing mild discogenic and facet changes and small bulge; electromyography (10-27-07) found no evidence of peripheral neuropathy or lumbar radiculopathy in the left lower

extremity. Treatments to date include medication: Mobic, Ultram (since at least 4-7-15), Prilosec, prior Opana, Norco, Percocet, Lidoderm patch; independent exercise program. The request for authorization dated 9-14-15 was for Ultram 50mg #90 with 3 refills. On 10-8-15 Utilization review non-certified, the request for Ultram modified to 1 prescription of Ultram up to 50mg #68.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

Decision rationale: He was seen on 09/10/15. He was having back pain radiating into the left leg. Medications including Mobic, Ultram, and Prilosec had been effective. Ultram is referenced as not strong enough and Norco had been prescribed. Norco and Ultram had both been denied. The claimant was paying out-of-pocket for Ultram since it was less expensive. These medications are referenced as helping to decrease pain with improved functional abilities. The assessment refers to a prior evaluation on 03/03/15 for details regarding the subjective and functional improvements. Physical examination findings included lumbar paraspinal muscle, iliolumbar, and sacroiliac region tenderness. There was an antalgic and somewhat slow gait. There were lumbar paraspinal trigger points. Ultram 50 mg #90 with three refills was prescribed. He was to continue with an independent exercise program. On 03/03/15, medications were Opana ER and Norco. Ultram (tramadol) is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total, MED was less than 120 mg per day, Ultram had previously not been strong enough. In March 2015 it was not being prescribed and continued prescribing based on a reported response to this medication at that time is not valid. Lastly, when prescribed, pain scores were not recorded. For the long-term use (6 months or more) of opioid medication include that pain assess criteria at each visit. Prescribing a four-month supply of medication was not appropriate. For any of these reasons, the request cannot be accepted as being medically necessary.