

Case Number:	CM15-0207851		
Date Assigned:	10/26/2015	Date of Injury:	10/06/2014
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/22/2015

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 33 year old female, who sustained an industrial injury on 10-06-2014. The injured worker is being treated for herniated disc L5-S1 Treatment to date has included diagnostics, medications, and lumbar epidural; steroid injection (5-12-2015). Per the Primary Treating Physician's Progress Report dated 9-02-2015, the injured worker reported left buttock and leg pain. Objective findings included 60 degrees of flexion and 10 degrees of extension. Straight leg raise was positive on the left and there was a diminished Achilles reflex on the left side. There was decreased sensation in the plantar surface of the foot. Work status was temporarily totally disabled. The plan of care included L5-S1 laminectomy. Per the medical records dated 4-08-2015 to 9-02-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed the current medication. She has been prescribed Ultram since at least 4-08-2015. Authorization was requested on 9-14-2015 for psych clearance and Ultram 50mg #120. On 9-23-2015, Utilization Review modified the request for Ultram 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg 1 tablet 4 times a day #120, refills not specified, related to lumbar spine injury: 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 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 one PO QID, #120, refills not specified, related to lumbar spine injury 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 diagnosis is herniated disc L5 S1. Date of injury is October 6, 2014. Request for authorization is September 15, 2015. According to an April 8, 2015 progress note, the treating provider prescribed Ultram 50 mg QIP. According to the September 2, 2015 progress note, subjective complaints include left buttock and leg pain. The treating provider is requesting a lumbar laminectomy at L5-S1. Objectively, there is decreased range of motion lumbar spine and positive straight leg raising. A urine drug screen dated September 2, 2015 was positive for cannabis. There was no medical card for cannabis in the medical record. The urine drug screen was inconsistent. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation indicating an attempt to wean and no detailed pain assessments or risk assessments, Ultram 50 mg one PO QID, #120, refills not specified, related to lumbar spine injury is not medically necessary.