

Case Number:	CM15-0021575		
Date Assigned:	02/11/2015	Date of Injury:	01/07/2002
Decision Date:	04/02/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 59 year old female, who sustained industrial injuries on January 7, 2002 and June 11, 2010. She has reported low back pain with associated right greater than left lower extremity radicular symptoms. The diagnoses have included cervical spine sprain/strain, multilevel cervical disc protrusions, degenerative disc disease and annular tear at the cervical 3-4 level. Treatment to date has included radiographic imaging, diagnostic studies, multiple surgical procedure, conservative therapies, pain medications and work restrictions. Currently, the IW complains of low back pain with associated right greater than left lower extremity radicular symptoms. The injured worker reported an industrial injury in 2002, resulting in low back pain with associated right greater than left lower extremity radicular symptoms. She was treated conservatively however required surgical interventions. The pain was persistent. On June 21, 2014, evaluation revealed continued pain. She was noted to be doing home exercises and using a nerve stimulator. Epidural injections were requested and pain medications were continued. On September 2, 2014, evaluation revealed continued symptoms. The plan of care was continued. On October 15, 2014, she reported a 50% relief with the last epidural steroid injection. It was noted if the back pain persisted, a nerve block would be recommended. On December 30, 2014, evaluation revealed continued pain. Further epidural injections were requested. On January 13, 2015, Utilization Review non-certified a request for Ultram 50mg #120, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of requested Ultram 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with low back pain with associated right greater than left lower extremity radicular symptoms. The pain has been rated 3-4/10 with and 7-8/10 without medications. The request is for ULTRAM 50 MG #120. The RFA is not provided. Patient's diagnosis included cervical spine sprain/strain, multilevel cervical disc protrusions, degenerative disc disease and annular tear at the cervical 3-4 level. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Ultram has been prescribed in treater reports dated 07/21/14. In this case, treater addresses analgesia via the reported pain scales and states that the patient is able to perform ADL. The urine toxicology administered on 07/21/14 and 10/15/14 was consistent with the prescribed medications. However, treater has not stated how Ultram significantly improves patient's activities of daily living. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.