

Case Number:	CM15-0026640		
Date Assigned:	02/19/2015	Date of Injury:	09/25/2006
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/12/2015

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:

This 54-year-old female reported a work-related lower back injury on 09/25/2006. According to the progress notes dated 12/31/14, the injured worker reports pain, but the notes do not state the location. The diagnoses include pain in thoracic spine and lumbago. Previous treatments include medications, thoracic fusion and discectomy and physical therapy. The treating provider requests Ultram ER 300 mg, #30, no refills. The Utilization Review on 01/09/2015 non-certified the request for Ultram ER 300 mg, #30, no refills, citing CA MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram ER (tramadol ER) 300 mg #30 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 by the 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. In this case, the injured worker's working diagnoses are paying in thoracic spine; and lumbago. Documentation from June 26, 2014 shows the treating physician prescribed tramadol 50 mg. In a progress note dated August 27, 2014 the injured worker was taking tramadol for breakthrough pain and tramadol ER for pain control. In a progress note dated December 31, 2014 tramadol was discontinued, tramadol ER was continued, however, Norco was added for pain control. The documentation does not contain detailed pain assessments for opiate use and a risk assessment. There is no clinical documentation of objective functional improvement documented in the medical record. Additionally, the injured worker had a normal physical examination with normal motor and intact sensation. Consequently, absent clinical documentation with objective functional improvement to gauge the efficacy of ongoing Tramadol ER, Tramadol ER 300 mg #30 is not medically necessary.