MAXIMUS Federal Services

Case Number:	CM15-0224681		
Date Assigned:	11/23/2015	Date of Injury:	01/07/2013
Decision Date:	12/31/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/16/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56-year-old male, with a reported date of injury of 01-07-2013. The diagnoses include closed head injury, cervical fracture with chronic cervical radiculopathy, multiple right-sided rib fractures, L1-2 lumbar stenosis with prior L3-S1 fusion, liver and renal contusions, deep vein insufficiency of the left leg, right hip femoral head osteonecrosis, left leg skin ulceration, severe left ulnar neuropathy at the wrist and elbow with carpal tunnel syndrome, and post injury depression. The follow-up report dated 08-27-2015 indicates that the injured worker continued to struggle with significant lower extremity symptoms that were most dramatic involving the right hip. The physical examination showed persistent superficial ulceration with mild redness of both legs; swelling in the left leg had decreased considerably; an antalgic gait; mild tenderness over the right greater trochanter with a positive right hip impingement sign; modest tenderness in the paralumbar region; weakened sensation in all digits of the left hand; positive cubital tunnel compression test and elbow flexion test; and positive bilateral Tinel's, Durkin's, and Phalen's signs. The follow-up report dated 09-28-2015 indicates that the injured worker had chronic swelling and cellulitis affecting both legs. He continued to have gradual right hip pain and used a walker for safety and to minimize his weight-bearing on the right hip. The physical examination showed persistent superficial ulceration with mild redness of both legs; mild tenderness over the right greater trochanter with a positive right hip impingement sign; modest tenderness in the paralumbar region; weakened sensation in all digits of the left hand; positive cubital tunnel compression test and elbow flexion test; and positive bilateral Tinel's, Durkin's, and Phalen's signs. The injured worker's work status was noted as capable of desk

work only at this point with constant elevation of the left legs. The diagnostic studies to date have included a urine drug screen on 06-16-2015 which was positive for Oxycodone, Oxymorphone, Cannabinoids; an MRI of the right hip on 05-10-2015 which showed avascular necrosis of the right hip with probable partial collapse of the superior femoral head, severe associated degenerative changes with superior joint space narrowing and moderate joint effusion, and generalized muscle atrophy; and a urine drug screen on 09-08-2015 which was positive for Hydrocodone and Hydromorphone, marijuana, and Tramadol. Treatments and evaluation to date have included Vicodin, Oxycodone, epidural steroid injection, Percocet, Norco (discontinued), Tramadol (since at least 06-2015), Aleve, Ibuprofen, and Gabapentin. The request for authorization was dated 09-28-2015. The treating physician requested Ultram ER 150mg #30, one tablet daily, and may increase to two times daily as needed. On 10-15-2015, Utilization Review (UR) non-certified the request for Ultram ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective; Ultram ER 150mg #30 (dos 9/28/15): 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, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Opioids, specific drug list.

Decision rationale: Retrospective; Ultram ER 150mg #30 (dos 9/28/15) is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that the need for extra long acting opioid can be a guide to determine the sustained release dose required. The MTUS states that Tramadol can be used for moderate to severe pain. The ODG states that for Tramadol ER, patients currently on immediate release tramdadol, calculate the 24-hour dose of IR and initiate a total daily dose of ER rounded to the next lowest 100mg increment (Max dose 300mg/day).The MTUS and the ODG state that for Tramadol for patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). The documentation indicates that the patient was given Ultracet on 8/27/15 and a Percocet prescription as well. The documentation indicates that on 6/16/15 the patient was dispensed Ultram ER and would like to try and discontinue his other opiates. The documentation dated 7/7/15 states that the patient continues to use Percocet 4 times daily. The dose should be titrated upwards by 100mg increments if needed (Max dose 300mg/day). The documentation is not clear that the patient is not still taking Ultracet. The combined Tramadol intake for Ultracet and Ultram ER would exceed the recommended daily max dosage of Tramadol therefore the request for Ultram ER is not medically necessary.