

Case Number:	CM15-0034210		
Date Assigned:	03/02/2015	Date of Injury:	06/13/2006
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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 65 year old male, who sustained an industrial injury on 6/13/06. He has reported right sided low back pain. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, degeneration of lumbar intervertebral disc and arthropathy of spinal facet joint. Treatment to date has included epidural steroid injection, oral medications, topical medications and home exercise program. Lumbar spine (MRI) magnetic resonance imaging performed on 10/13/08 revealed L5-S1 degenerative disc disease encroaching the spinal canal, disc material extending into both foramina, facet joint arthrosis, mild central spinal stenosis, bilateral recess stenosis and foraminal stenosis. (CT) computerized tomography scan of cervical spine performed on 6/10/11 revealed multiple degenerative disc disease. Currently, the injured worker complains of right sided low back pain. Severe tenderness and spasm of the right lumbosacral and SIJ area with restricted range of motion was noted on physical exam. On 2/17/15 Utilization Review submitted a modified certification for Ultram 50mg #120 modified to #26, noting the lack of documentation to support pill count, pain contract or recent behavioral evaluation; modification is for weaning purposes. The MTUS, ACOEM Guidelines, was cited. On 2/24/15, the injured worker submitted an application for IMR for review of Ultram 50mg #120 modified to 26 tablets.

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 Tramadol (Ultram), Opioids, Weaning of Medications.

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

Decision rationale: This patient presents with right-sided lower back pain. The treater has asked for ULTRAM 50MG #120 on 1/21/15. The request for authorization was not included in provided reports. Patient medications include Ultram, Lidoderm patches, and OTC Advil per 1/21/15 report. The patient was taking Norco per 4/24/14 report, switched to Morphine in 8/27/14 report, was off Morphine in 11/5/14 report, and has been taking Ultram in 11/15/14, 12/24/15 and 1/21/15 reports. Per treater report dated 4/24/14 the patient is permanent and stationery, and unable to work. 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. In this case, Ultram has been included in patient's medications per treater reports dated 11/5/14, 12/24/14, and 1/21/15. The treater has stated that current medications including Ultram are beneficial per 12/24/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.