

Case Number:	CM15-0034338		
Date Assigned:	03/02/2015	Date of Injury:	05/03/2012
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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 57 year old male, who sustained an industrial injury on 05/03/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include cervical spine sprain/strain, thoracic/lumbar sprain/strain with degenerative joint disease and facet arthropathy, status post bilateral lumbar four to sacral one rhizotomy, lumbar disc disease, and lumbar facet syndrome. Treatment to date has included home exercise program, above noted procedure, medication regimen, and use of a heating pad. In a progress note dated 01/15/2015 the treating provider reports an increase in lower back pain that radiates to the bilateral lower extremity with limited range of motion. The pain is described as moderate, constant, and pinching that is rated a three to eight on a scale of zero to ten. The treating physician requested the medication of Ultram ER (Tramadol 150mg) for treatment of chronic pain syndrome. On 02/09/2015 Utilization Review non-certified the requested treatment of Ultram ER/Tramadol ER 150mg with a quantity of 30, noting the Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER/Tramadol ER 150mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: The patient was injured on 05/03/2012 and presents with cervical spine and lumbar spine pain. The request is for Ultram ER/tramadol ER 150 mg #30. There is no RFA provided, and the patient is to remain off of work until after 6 weeks (02/20/2015 report). The patient is to not lift over 10 pounds and to not be purposely pushing/pulling. There is no indication on when the patient began taking this medication. MTUS page 78, Criteria for use of Opioids, ongoing management also requires documentation of the 4 A's (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. The reason for the request is not provided. MTUS Guidelines page 60-61 Medications for chronic pain state that before prescribing any medication for pain, the following should occur: (1) determine the aim of use of medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressant should occur within 1 week. A record of pain and function with the medication should be recorded. It appears that the patient's first prescription of tramadol was provided on 01/15/2015. A trial of Ultram may be appropriate given the patient's history of chronic pain to provide some analgesia. For ongoing use of this medication, the treater will need to provide documentation of pain and functional improvement including the 4 A's going forward. The requested Ultram is medically necessary.