

Case Number:	CM15-0037924		
Date Assigned:	03/06/2015	Date of Injury:	08/09/2012
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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 49-year-old male, who sustained an industrial injury on August 9, 2012. The diagnoses have included multiple lumbar disc bulges, worsening lumbar pain with bilateral lower extremity radicular pain, high blood pressure, right groin pain and gastrointestinal issues secondary to Non-steroidal anti-inflammatory drug use. Treatment to date has included physical therapy, Magnetic resonance imaging of the lumbar spine in December 2014 and oral pain medications. Currently, the injured worker complains of low back, bilateral hip and bilateral feet pain. In a progress note dated December 22, 2014, the treating provider reports examination of the lumbar spine revealed decreased range of motion with tenderness to the paraspinals right greater than the left, positive Kemp's test bilaterally, positive straight leg test on the right, decreased sensation and strength on the right at L4-L5 and S1, examination of bilateral hips revealed positive Patrick's sign bilaterally, tenderness to the iliotibial branch insertion at the iliac region and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol 50 MG), 1 Tab By Mouth Every 8 Hours As Needed #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Tramadol (Ultram) Page(s): 8-9, 113.

Decision rationale: The 1/30/15 Utilization Review letter states the Ultram (tramadol 50 mg) 1 tab by mouth every 8 hours as needed, #90 requested on the 1/14/15 medical report was modified to allow #60 tablets for weaning because "chronic opioid therapy that is devoid of any functional improvement is not recommended" According to the 1/14/15 orthopedic report, the patient presents with pain in the lumbar spine, bilateral hips and feet. The diagnoses includes: multiple lumbar disc bulges; worsening lumbar pain with bilateral lower extremity radicular pain; high blood pressure; right groin pain; GI issues secondary to NSAID drug use. Pain was 7/10 but tramadol three a day helps bring the pain down from 7/10 to 3-4/10 and allows the patient to ambulate for 40 minutes as opposed to 20 minutes. The patient is not working. The orthopedist is still awaiting authorization for the psyche consult; pain management consult; CPAP machine; and old MRI reports. He provided a prescription for Ultram 50mg, #90. The 2/19/15 orthopedic report states the back pain is worsening. It is 8/10, and tramadol brings it to 5-6/10, but does allow him to continue working with his restrictions. The patient has returned to work since the last visit. 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 Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The records show the physician has been appropriately monitoring the patient with urine drug screen requested on 10/29/14. The patient reports relief of pain with use of tramadol, and improved function with ability to ambulate increasing from 20 minutes to 40 minutes, and he has returned to work between 1/14/15 and 2/19/15. This is considered a satisfactory response. MTUS does not require weaning or tapering of medications that have a documented satisfactory response. The request for Ultram (tramadol 50 mg) 1 tab by mouth every 8 hours as needed, #90 IS medically necessary.