MAXIMUS Federal Services

Case Number:	CM15-0048725		
Date Assigned:	03/20/2015	Date of Injury:	10/31/2008
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/16/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, 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 42 year old female, who sustained an industrial injury on 10/31/08. She reported neck pain that radiated across the shoulders down to the fingers with numbness and tingling. Shooting sharp pain in the back that radiated to the right leg and knee with occasional numbness and tingling to the toes was also noted. The injured worker was diagnosed as having cervical disc disease, cervical facet syndrome, lumbar disc disease, and right sacroiliac joint arthropathy. Treatment to date has included physical therapy, chiropractic treatment, medication, rest, and a home exercise program. A MRI obtained on 8/2/13 revealed a 1mm midline disc bulge at L4-5 with no disc protrusion or central canal narrowing. Currently, the injured worker complains of neck pain with spasm, low back pain with tightness, spasm, and muscle guarding over the paravertebral musculature. A physician's report noted the injured worker had failed conservative care including physical therapy, chiropractic treatment, medication, rest, and a home exercise program. The treatment plan was to continue home therapy/exercise and continue medications. The treating physician requested authorization for Ultram 50mg 1 every 6 hours as needed #120 and a lumbar sacral orthosis brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg 1 PO Q6H PRN #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Ultram. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Ultram 50mg Qty:120 is not medically necessary.

LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for LSO Brace is not medically necessary.