

Case Number:	CM15-0049133		
Date Assigned:	03/23/2015	Date of Injury:	09/30/2010
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
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: 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 67 year old male, who sustained an industrial injury on September 30, 2010. He reported neck pain, chronic lumbar pain and left leg pain. The injured worker was diagnosed as having status post left knee surgical intervention and left shoulder cervical intervention, chronic pain syndrome, major depressive disorder and lumbar disk bulge. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, steroid injections, surgical interventions, behavioral therapy, medications and work restrictions. Currently, the injured worker complains of left shoulder, left knee and low back pain radiating to the left lower extremity. He also reported severe depression, crying spells, disrupted sleep, anxiety and neck pain with associated with chronic headaches. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 15, 2015, revealed continued pain as previously noted. The plan was to continue the home exercise plan and to renew pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram Tramadol HCL ER 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-90.

Decision rationale: The 67 year old patient complains of low back pain, rated at 4-5/10, left arm pain, rated at 4-5/10, and left knee pain, rated at 1-2/10, as per progress report dated 02/18/15. The request is for Ultram Tramadol HCL ER 150 mg, # 60. There is no RFA for this case, and the patient's date of injury is 09/30/10. As per progress report dated 02/16/15, diagnoses included left shoulder sprain/strain, left knee shoulder strain/sprain, and chronic lumbar sprain/strain that radiates down to left lower extremities. The patient is working with restrictions, as per the same progress report. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Tramadol is first noted in progress report dated 09/03/14. In progress report dated 02/09/15, the treating physician states that "Medications decrease the patient's pain by approximately 2-3 points on the pain scale." The report also states that "Medications allow improved ADLs including ability to ambulate, use the bathroom, provide self care, cook and clean." Although the physician has provided general statements that indicate improved function, a validated scale has not been used to demonstrate a measurable change. In the same report, the treating physician states that "UDS is not subject to UR as it is part of routine office practice." Thereby, no UDS or CURES reports have been provided for review. There is no discussion regarding side effects of Tramadol as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request is not medically necessary.