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| Case Number: | CM15-0049261 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 10/22/2001 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/24/2015 |
| 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 67-year-old female, who sustained an industrial injury on 10/22/2001. The injured worker is currently diagnosed as having spondylolisthesis at L5-S1 with left sided radiculopathy, mild right shoulder impingement syndrome, chronic cervicalgia with cervical sprain/strain, and lumbar discopathy. Treatment to date has included transdermal cream, medications, rest, home exercises, and stretching. In a progress note dated 01/30/2015, the injured worker presented with complaints of low back pain with radiation to the lower extremities and states she is using creams and Ultracin which are helping. The treating physician reported requesting authorization for Ultram and Ultracin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #60 with 2 refills: 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. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 documentation of pain and functional improvement with previous use of Ultram. There is no clear documentation of continuous patient compliance to her medications. There is no documentation of the medical necessity of Ultram over NSAID. Therefore, the prescription of Ultram 50 mg #60, with 2 refills is not medically necessary.

Ultracin cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Section Page(s): 126.

Decision rationale: Ultracin is formed by methyl salicylate, mentol and capsaicin. According to MTUS, salicylate topicals is recommended and is better than placebo. There is no strong controlled studies supporting the efficacy of Ultracin. Furthermore, It is not clear from the records that the patient failed oral first line therapies such as anticonvulsant or developed unacceptable adverse reactions from the use of these medications. Therefore, Ultracin cream is not medically necessary.