

Case Number:	CM15-0053364		
Date Assigned:	03/26/2015	Date of Injury:	10/24/2012
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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: Emergency 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 41 year old male, who sustained an industrial injury on October 24, 2012. He reported head, neck, upper back, mid back, low back, left shoulder, left arm, left wrist, left hand, left hip, left leg, left knee, left ankle, and left foot injuries. The injured worker was diagnosed as having spasm of muscle, lumbar facet syndrome, lumbar radiculopathy, lateral epicondylitis, left knee pain, and low back pain. Treatment to date has included electromyography/nerve conduction velocity studies, MRI, x-rays, physical therapy, chiropractic therapy, lumbar transforaminal epidural steroid injections in 2013, work modifications, and medications including pain, muscle relaxant, H2 antagonist, and non-steroidal anti-inflammatory. On October 1, 2014, the injured worker complains of lower back pain that was unchanged since the prior visit. His medications are working well. The physical exam revealed a normal gait, restricted lumbar range of motion, paravertebral muscles were tender with a tight muscle band on the left, spinous process tenderness on lumbar 4 and lumbar 5, normal heel and toe walk, positive left facet loading, negative straight leg raise, and tenderness over the left gluteus medias and piriformis. The bilateral lower extremities motor exam was normal, except for a mild decrease left extensor hallucis longus (EHL) and left ankle plantar flexor. There were no deficits of sensation or deep tendon reflexes. The treatment plan includes continuing his current pain, muscle relaxant, H2 antagonist, and non-steroidal anti-inflammatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg, thirty count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Ultram 50 mg, thirty-count with one refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back pain. The treating physician has documented a normal gait, restricted lumbar range of motion, paravertebral muscles were tender with a tight muscle band on the left, spinous process tenderness on lumbar 4 and lumbar 5, normal heel and toe walk, positive left facet loading, negative straight leg raise, and tenderness over the left gluteus medias and piriformis. The bilateral lower extremities motor exam was normal, except for a mild decrease left extensor hallucis longus (EHL) and left ankle plantar flexor. There were no deficits of sensation or deep tendon reflexes. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultram 50 mg, thirty count with one refill is not medically necessary.