

Case Number:	CM15-0056454		
Date Assigned:	04/01/2015	Date of Injury:	11/18/2009
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/24/2015

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 York, Tennessee
 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 46-year-old male who sustained an industrial injury on 11/18/2009. Diagnoses include status post redo microdiskectomy at L5-S1 on the left on 06/22/2011, moderate degenerative disc disease at L5-S1, and chronic pain syndrome with opioid dependence. Treatment to date has included diagnostics, physical therapy, acupuncture sessions, lumbar epidural injections, medications, and pain psychology consultation. A physician progress note dated 01/30/2015 documents the injured worker complains of pain to the lower back with radiation into the bilateral legs to the foot and pain is rated a 7 out of 10. There is a cracking sound. The injured worker has limited range of motion to the back. There is tenderness to palpation in the midline from L4 to sacrum and over the paraspinal musculature bilaterally from L4 to the sacrum. The injured worker was seen again on 02/10/2015 but no physical examination was done. Records were reviewed and treatment plan was discussed. The treatment plan is to continue with pain management. Treatment requested is for Ultram ER 200mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Ultram is the opioid medication tramadol. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient has been receiving Ultram since at least may 2014 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request IS NOT medically necessary and should not be authorized.