

Case Number:	CM15-0059243		
Date Assigned:	04/03/2015	Date of Injury:	12/30/2013
Decision Date:	05/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/30/2015

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 57 year old male, who sustained an industrial injury on 12/30/2013. Diagnoses include lumbar disc herniation and left lumbar spine radiculopathy. Treatment to date has included diagnostics including EMG (electromyography)/NCS (nerve conduction studies) and x-rays, modified duty, physical therapy, medications and pain management consultation. Per the hand written Primary Treating Physician's Progress Report dated 1/16/2015, the injured worker reported pain rated as 7-8 all the time. Some of the notes are illegible. Spasms are present in the left foot every other day or so. Extended walking increases the pain. Physical examination revealed negative straight leg raise test. There was no foot drop. He denied chest pain. Some of the objective findings are illegible. The plan of care included an epidural and medications and authorization was requested for Ultram 50mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 tablets of Ultram #50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 84.

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 Ultram. Therefore, the prescription of Ultram 50mg Qty: 180 is not medically necessary.