

Case Number:	CM15-0082589		
Date Assigned:	05/05/2015	Date of Injury:	10/25/2010
Decision Date:	06/11/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/29/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44-year-old female, who sustained an industrial injury on 10/25/10. She reported cumulative trauma to neck and bilateral upper extremities. The injured worker was diagnosed as having status post anterior cervical discectomy and fusion C4-5 and C5-6, slight spondylosis C3-4, status post lumbar fusion L5-S1, mild degenerative changes L1-L2 and L2-L3 and bilateral carpal tunnel syndrome. Treatment to date has included spinal injections in neck and lower back, physical therapy, cervical and lumbar spine fusions and oral medications. Currently, the injured worker complains of constant neck pain with varying intensity rated 5-6/10 and will increase to 8/10 dependent on activity, she also complains of radiating pain to bilateral upper extremities to the elbow and numbness in both hands and constant low back pain with varying intensity rated 5-6/10 and will increase to 8/10 with activity. The injured worker noted she had brief relief from spinal injections and finds Tramadol to be beneficial, she also noted she used Trazodone as a sleep aid without negative side effects. Physical exam noted tenderness and guarding in cervical paraspinal musculature with decreased range of motion and a well healed surgical scar and lumbar spine well healed surgical scar with tenderness and guarding of lumbar paraspinal musculature and decreased range of motion. The treatment plan included refilling of Trazodone 50 mg at bedtime and Ultram 50 mg one every eight hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. The peer reviewer states that Ultram is not appropriate since "there was no documentation of benefit, or decrease pain" as a rationale for Ultram not being medically necessary. It is important to note that the medication was first prescribed on March 11, 2015 and therefore when the review was conducted the patient had been on the medication for approximately a month and had not yet been seen on follow-up to determine if the medication was effective. It is logical that the provider did not document on VAS pain scores with and without the medication on 3/11/15 because the patient had yet to start the medication. From my review of the provided medical records, the provider obtained an opioid contract, plans on getting UDS regularly and has counseled and screened the injured worker for opioid risk. The injured worker is an appropriate candidate for ultram on an as needed basis for breakthrough pain as the pain is neuropathic in nature and is not adequately controlled by a first line neuropathic agent. Additionally the prescribed dosage is well below guidelines for opioid upper limit dosage. Consequently continued trial of short acting opioids is supported by the medical records and guidelines as being medically necessary.