

Case Number:	CM15-0087523		
Date Assigned:	05/11/2015	Date of Injury:	08/09/2004
Decision Date:	06/18/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/06/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male who sustained a work related injury August 9, 2004. Past history included s/p anterior spinal discectomy and fusion L3-4, L4-5 and L5-S1. According to a primary treating physician's progress report, dated April 8, 2015, the injured worker presented with complaints of frequent episodes of lower back pain, rated 6-7/10, with pain and numbness radiating down his right lower extremity to his foot. He also complains of right-sided neck pain, rated 5/10, exacerbated with the use of his upper extremities. He alternates taking Norco 10/325mg and Ultram 50mg for pain and Gabapentin (2) 300mg daily for nerve related pain symptoms. He rates his pain 9/10 without medication and 5/10 with medication. Diagnoses are s/p lumbar fusion; s/p cervical spine fusion; right carpal tunnel syndrome. Treatment plan included continuing home exercise program; continue medications as needed, and at issue, a request for authorization for Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100 (Tramadol Hydrochloride) tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Ultram (tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is reducing the patient's pain from 9 out of 10 to 5 out of 10, and improving activities of daily living. However, there is no documentation regarding side effects, and no discussion regarding aberrant use. The provider has ordered urine drug screen routinely, however, there is no report or results found in the submitted documentation. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.