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| Case Number: | CM15-0240328 | | |
| Date Assigned: | 12/17/2015 | Date of Injury: | 08/10/2007 |
| Decision Date: | 01/29/2016 | UR Denial Date: | 12/03/2015 |
| Priority: | Standard | Application Received: | 12/09/2015 |

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: Massachusetts

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 58 year old female who sustained an industrial injury on 8-10-07. The injured worker was diagnosed as having left lumbar radiculopathy; failed back surgery syndrome; chronic pain syndrome. Treatment to date has included medications. Diagnostics studies included MRI right knee (10-26-14). Currently, the PR-2 notes dated 11-20-15 indicated the injured worker complains of low back pain radiating to the lower extremities. The injured worker reports increased pain on lumbar area movement causes severe pain. He reports when he had surgery, the surgeon told him he will need more surgery in the future. His pain is getting worse and going towards the thoracic spine. Current medications are listed as: Ultram 50mg one BID; Protonix 20mg one BID and Cymbalta. The lumbar spine examination is noted by the provider: Straight leg raise is positive on left at 30 degrees, severe tenderness on lower lumbar area more on left side, tenderness on lower lumbar facet joint and SI joint; extension of lumbar spine at 15 degrees produces pain. His gait is slow and limps on left side. Sensation is decreased left L4 and decreased left L5. The provider has requested a refill of Ultram and for a urine toxicology screening. He is to continue his home exercise program. Ultram appears to have been started on this date as no other medical documentation lists it as current or in a treatment plan. A Request for Authorization is dated 12-9-15. A Utilization Review letter is dated 12-3-15 and modified certification for Ultram 50mg #60 with 2 refills to allow one month supply for "weaning purposes" only. A request for authorization has been received for Ultram 50mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in August 2007 when he developed low back pain while picking up heavy roles of wire. He underwent lumbar spine surgery. He continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. He has secondary anxiety and depression and is also being treated for ongoing gastroesophageal reflux disease after completing treatment for H pylori. In August 2015 medications were Protonix, Cymbalta, Celebrex, and gabapentin. When seen in November 2015 he was having increased lumbar pain. He had been told he would need more surgery in the future. He had worsening pain going towards the thoracic spine. Physical examination findings included a body mass index over 28. There was severe lumbar tenderness and tenderness over the lumbar facet and sacroiliac joints. There was pain with lumbar extension. He had a slow gait and was limping. There was decreased left ankle strength and decreased left lower extremity sensation. There was a weak ankle reflex. Ultram 50 mg #60 was started. Two refills were requested. Urine drug screening was performed. Follow-up was planned two months. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Ultram (tramadol) is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having worsening back pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. An assessment for efficacy and side effects at the next scheduled follow-up in two months would be expected. However, a three month supply was requested. For this reason the request is not medically necessary.