MAXIMUS Federal Services

Case Number:	CM14-0142878		
Date Assigned:	09/10/2014	Date of Injury:	01/13/2004
Decision Date:	10/10/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 75-year-old male with date of injury January 13, 2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated August 21, 2014, lists subjective complaints as pain in the back and left leg. Objective findings: Patient's gait was antalgic with weight bearing on the left. Active range of motion was decreased by 50% in all directions due to pain and guarding. Motor strength was 5/5 in the lower extremity and straight leg raise was negative bilaterally. Much of his pain is reproduced by palpation of the lumbar paraspinal muscle trigger points. Trigger points are also noted in the left quadratus lumborum and the hip girdle muscles on the left. Diagnosis: 1. Backache not otherwise specified 2. Closed fracture of lumbar vertebra without spinal cord injury 3. Closed ankle fracture not otherwise specified 4. Sprains and strains of knee and leg not otherwise specified. The medical records supplied for review document that the patient had not been prescribe the following medication until the request for authorization on August 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg, ninety count with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 60, 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, but the patient has been taken off of hydrocodone as first-line treatment. According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. This has been accomplished by discontinuing the hydrocodone and initiating a trial with tramadol. Therefore, the request for Ultram 50 mg, ninety count with two refills is medically necessary and appropriate.