

Case Number:	CM14-0148721		
Date Assigned:	09/18/2014	Date of Injury:	06/18/2012
Decision Date:	10/17/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

The patient is a 42-year-old female who has submitted a claim for sciatica associated with an industrial injury date of 6/18/2012. The medical records from 9/9/2014 were reviewed showing 50-60% improvement in the lower back pain and 80-90% improvement in the lower extremity pain s/p caudal with left L5 transforaminal epidural steroid injections on 10/13. She still complains of bilateral knee pain, intermittent neck pain with constant headaches. The pain radiates to shoulders and occipital area. She complains of bilateral wrist and lower forearm pain with radiations to index finger. She also complains of bilateral foot and ankle pain. Physical examination showed mildly painful heel/toe walk. There was tenderness over C2-C6 with mild bilateral cervical facet tenderness over C2-C3 and C5-C6. Mild bilateral trapezius tenderness was noted. There was tenderness over L3-S1 with mild bilateral lumbar facet tenderness over L4-L5, L5-S1 with L>R. Bilateral mild sacroiliac joint and sciatic notch tenderness were also noted. A straight leg raise test and Lasegue's test were positive bilaterally. Phalen and Tinel's signs were positive on the right wrist. There was tenderness over the medial and lateral aspects of left knee. There was painful patellar tracking. There was tenderness over the medial and lateral aspects of bilateral ankles. Treatment to date has included Ultram 150mg, Norco, Flurlido-A, Ultraflex, chiropractic treatment, home exercise programs, and epidural steroid injections. Utilization review from 9/4/2014 modified the request for Ultram ER 150mg #60 for weaning to off, over the next three months. There is no evidence that this medication is necessary on a long-term daily basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #60 for weaning to off, over the next three months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 78-80; 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The use of opioids for chronic pain is only recommended for short-term pain relief. In this case, it was not clear when the patient started taking Ultram. Her most recent urine drug screen taken on 9/9/2014 is consistent with prescribed medications. There was no documentation of pain relief and significant functional improvement with use of Ultram. In addition, the patient is also using Norco for her pain. Therefore the request for Ultram ER 150mg #60 for weaning to off, over the next three months is not medically necessary.