

Case Number:	CM14-0164489		
Date Assigned:	10/09/2014	Date of Injury:	12/13/2012
Decision Date:	12/19/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 Emergency 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:

The injured worker has a reported date of injury on 12/13/2012. The mechanism of injury is described as occurring while putting away a food order where he injured his back. The patient has a diagnosis of lumbar myoligamentous injury with R lower extremity radicular symptoms and medication induced gastritis. Medical reports reviewed: Last report available until 9/16/14. The patient states that lumbar epidural steroid injection done on 6/5/14 has improved low back pain and R lower extremity radicular pain. The pain was reportedly 2/10. Objective exam reveals slow antalgic gait. Lumbar spine exam reveals tenderness to palpation to lumbar region with numerous trigger points with increased muscle rigidity. The range of motion is decreased, neurological exam reveals generalized 4+/5 weaknesses to R lower extremity with decreased L5-S1 dermatomal sensation and straight leg was positive on R side. Report states that patient was taken off Anaprox on 8/19/14 due to stomach complaints and placed on Tramadol. On 9/16/14, patient reports less upset stomach. Provider recommends decreasing Tramadol from 2 tablets a day to 1 day. Medications include Tramadol, Anaprox, Lidopro ointment and Omeprazole. MRI of lumbar spine (3/7/14) revealed L5-S1 3.3mm disc bulge with stenosis to L neural foramen. L4-5 with 6mm disc bulge with facet arthropathy and bilateral neural foraminal stenosis and L3-L4 with 3.8mm disc bulge with R neural foraminal stenosis. The patient has had physical therapy, chiropractic, trigger point injections, ESI and medications. Independent Medical Review is for Ultram ER 150mg #30. Prior UR on 9/29/14 recommended modification to one refill for weaning off Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The MTUS guidelines recommend short term use of opioids. Documentation does not meet the appropriate documentation. There is no documentation of objective improvement in pain, activity of daily living. The patient claims significant improvement in pain after ESI, therefore the continued use of tramadol is no longer necessary. There is no documentation of long term plan or improvement in activity such as return to work or activity of daily living. This prescription for Ultram is not medically necessary.