

Case Number:	CM14-0212946		
Date Assigned:	12/30/2014	Date of Injury:	05/08/2001
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn

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 44-year-old male with an injury date of 05/08/2001. Based on the 09/11/2014 progress report, the patient complains of having low back pain which radiates to the left leg and is described as being intermittent and moderate in intensity. This pain is associated with numbness in the legs. The 10/15/2014 report indicates that the patient rates his pain as a 7/10. He has mild decreased sensation to his left lateral legs. No further positive exam findings were provided on this report. The 11/17/2014 report states that the patient continues to have low back pain which radiates to the left leg. He rates his pain as a 6/10. The patient's diagnoses include the following:Low back pain.Sciatica. The utilization review determination being challenged is dated 11/24/2014. Treatment reports are provided from 03/15/2013 - 11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol (Ultram) 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The injured worker presents with low back pain which radiates to his left leg and is associated with numbness. The request is for 1 Prescription of Tramadol (Ultram) 50 MG #120. The injured worker has been taking Tramadol as early as 05/30/2014. MTUS Guidelines pages 88-89 states, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. None of the reports provided gave any discussion on any change in the injured worker's pain and function. None of the 4As are addressed as required by MTUS Guidelines. The treating physician fails to provide any pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The requested Tramadol is not medically necessary.