

Case Number:	CM14-0214778		
Date Assigned:	01/02/2015	Date of Injury:	08/15/2013
Decision Date:	03/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabilitation

CLINICAL CASE SUMMARY

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

This patient is a 34-year-old male with a date of injury of August 15, 2013. According to a handwritten progress report dated 11/17/14, the patient presents with continued low back pain. Examination findings include decreased range of motion in the lower back and positive TTP. Dacia was made for refill of medications including Norco, Tramadol and Neurontin. According to progress report dated July 8, 2014 the patient continues to report intractable low back pain with radiation into the left lower extremity. Objective findings included positive straight leg raise and irritability that follows that L4 to S1 dermatomal distribution on the left. Range Motion of the lumbar spine are restricted secondary to pain. The listed diagnosis is multilevel intravertebral disc disorder and left L5 radiculopathy. The patient is temporarily totally disabled for 4 to 6 weeks. The utilization review denied the request for all tram on November 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 (DOS: 11/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, criteria for use; Opioids for chroni.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with chronic low back pain with radiation of pain down the lower extremity. The current request is for Ultram 50 MG # 60 (DOS: 11/17/14). For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (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. It is unclear when this patient was initially prescribed this medication. It is clear the patient has been utilizing the medication prior to the November 17, 2014 progress report as this report requested a refill of this medication. In this case, the treating physician has failed to provide outcome measures including before and after pain scales to denote a decrease in pain. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse side effects. There are no opiate management issues discussed such as CURES report, pain contracts, etc. Adverse side effects are not addressed and urine drug screenings have not been provided as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Ultram IS NOT medically necessary.