MAXIMUS Federal Services

Case Number:	CM14-0216591		
Date Assigned:	01/06/2015	Date of Injury:	09/10/1996
Decision Date:	02/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/26/2014

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: Internal Medicine

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 an injured worker with a history of lumbar back conditions. Date of injury was September 10, 1996. Mechanism of injury was bending. The progress report dated 05/21/2014 documented that the patient has complaints of back pain. Patient admits allergies to Tegretol. Patient was using Ultram 50 mg. Patient admits past surgical history of discectomy, lumbar spine, spondylothesis. The patient has a history of lumbar surgery fusion, lumbar sprain and strain, chronic low back pain, and lumbar spondylosis. Ultram was prescribed. The progress report dated 09/25/2014 documented that patient has complaints of back pain. She has sharp, dull, stabbing, burning and radicular pain. She complains of numbness and weakness. Today she needs refills on her medications. The patient states low back pain is constant. Pain is improved with exercises. Physical examination was documented. Patient appears in no apparent distress, oriented to person, place and time. Mood and affect appear normal, appropriate for age and appropriate to the situation. She is very pleasant and cooperative. Gait and station examination reveals a slightly antalgic gait. Motor was 4/5. Mild tightness in her hamstrings was noted. Patient has a negative straight leg raise bilaterally in her legs. Ultram 50 mg was prescribed on 09/25/2014. Ultram 50 mg was prescribed on November 18, 2014. Utilization review determination date was December 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram tab 50mg, 30days supply, 120quantity, MED 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48; 308-310,Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-96; 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. MTUS Chronic Pain Medical Treatment Guidelines indicates that Ultram (Tramadol) is a centrally acting synthetic opioid analgesic. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for low back conditions.Medical records document a history of lumbar back conditions. Date of injury was September 10, 1996. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. Ultram 50 mg was prescribed on November 18, 2014. Utilization review determination date was December 10, 2014. The corresponding progress report from the date of service 11/18/14 was not present in the submitted medical records. No progress reports from November 2014 or December 2014 were present in the submitted medical records. Without the corresponding progress report, the request for Ultram prescribed on 11/18/14 is not supported. Ultram is a schedule IV controlled substance. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for Ultram prescribed on 11/18/14 is not supported by MTUS and ACOEM guidelines. Therefore, the request for Ultram 50 mg is not medically necessary.