MAXIMUS Federal Services

Case Number:	CM14-0217101		
Date Assigned:	01/07/2015	Date of Injury:	06/07/2008
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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 49 year old male sustained a work related injury on 6/7/2008. The mechanism of injury was not described. The current diagnosis is lumbago. According to the progress report dated 11/3/2014, the injured workers chief complaints were constant low back pain that radiates into the lower extremities, 6/10 on a subjective pain scale. The pain is characterized as sharp. The pain is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, and walking multiple blocks. The physical examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. The medication list was not specified in the progress reports. On this date, the treating physician prescribed Flexeril, Omeprazole, and Tramadol ER, which is now under review. The medications were prescribed specifically for relieving the injured workers symptomology. In addition to Flexeril, Omeprazole, and Tramadol ER, the treatment plan included urology consultation. Per notes, the above medications are improving the injured workers activities of daily living and making it possible for him to continue working and/or maintain activities of daily living. On 12/5/2014, Utilization Review had non-certified a prescription for Flexeril, Omeprazole, and Tramadol ER. The Tramadol ER was modified to allow for weaning. The Omeprazole was non-certified based on lack of documented evidence to indicate that the injured worker is at high risk for gastrointestinal events. The Flexeril was non-certified based on no additional benefits shown in combination with NSAID's. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER (Ultram ER) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60-61,76-78,88-89.

Decision rationale: According to the 11/03/2014 report, this patient presents with low back pain. Per this report, the current request is for Tramadol ER (Ultram ER). For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In this case, the reports show documentation of pain assessment but not before and after analgesia is provided. ADL's are mentioned as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. The request IS NOT medically necessary.