

Case Number:	CM14-0218573		
Date Assigned:	01/08/2015	Date of Injury:	03/30/2001
Decision Date:	03/04/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 67 year old worker has a date of injury 03/30/2001 subsequent to a series of industrial injuries incurred while working as a water department laborer. His complaint is of chronic pain of the lower back with stiffness, shoulder, and elbow pain. His current diagnosis is lumbosacral spondylosis without myelopathy. In documentation of 11/18/2014, the provider noted that over the course of the claim, the injured worker has received conservative care including nonsteroidal anti-inflammatory drugs, an exercise program, and physical therapy. The back pain was described as confined to the lower lumbar area sometimes going up the middle back, without lower extremity involvement. Self-remedies such as over the counter medication, patches or ointment had not been effective for pain relief. The IW reported effective pain relief with Terocin patch, and Ultram. Over time, he has had x-rays that describe degenerative changes in the shoulder and lower spine. An x-ray taken 03/04/2014 showed mild L2 retrolisthesis, right convex thorocolumbar scoliosis, and mild/moderate multilevel degenerative disc disease. On 11/20/2014 a request for authorization (ROA) was submitted for Terocin patch QTY #30, and Ultram ER 150mg QTY #20. The injured worker (IW) has no documentation of a signed pain contract, risk assessment, attempts at weaning and tapering, and of specific efficacy with prior medication use. After a review of submitted documents including the request for authorization received on 11/20/2014 and the office visit report of 11/18/2014, the physician adviser submitted a modified certification for Ultram ER 150 #60 to allow the provider time to submit additional documentation in compliance with medication guidelines or to begin weaning and complete discontinuation of this medication. The Utilization Review letter was issued 12/01/2014.

Attempts made 11/26/2014 to discuss this case with the requesting provider were unsuccessful. California Medical Treatment Utilization Schedule (CA MTUS) recommendations of opioids for chronic pain in general conditions was cited in reference. An application for independent medical review was made on 12/30/2014 for Ultram ER 150mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, there was no indication of Tylenol or NSAID failure. There was only mention of prior Terocin and Ultram use. Pain scale response or length of prior use was not specified. He had exceeded the maximum daily dose. The continued use of Tramadol ER as above is not medically necessary.