

Case Number:	CM15-0000989		
Date Assigned:	01/12/2015	Date of Injury:	01/21/2005
Decision Date:	03/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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 injured worker is a female who sustained an industrial related injury on 1/21/05. A physician's report dated 9/29/14 noted diagnoses of lumbar spine sprain/strain, L4-5 stenosis, 2mm disc bulge, right hip sprain/strain, greater trochanteric bursitis, and status post right knee arthroscopy. Many of the medical records are hand written and illegible. On 12/8/14 the request for Ultram 50mg #120 was non-certified. The utilization review physician cited the Chronic Pain Medical Treatment Guidelines and noted that there is a lack of documentation to support the medical necessity. Despite taking the medication, the injured worker's pain level is stated to be unchanged. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 47-48, 308-

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. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. MTUS Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Tramadol (Ultram) 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 back and knee conditions. The medical records document a history of lumbar spine sprain and strain, right hip sprain and strain, right knee arthroscopy May 2006. The date of injury was January 21, 2005. Per MTUS, the lowest possible dose of opioid should be prescribed. The primary treating physician's progress report dated November 17, 2014 was handwritten. Regarding subjective complaints, the low back, right knee, and left hip symptoms are unchanged. Objective findings included lumbar, right knee, and left hip tenderness. Evaluation of analgesia, activities of daily living, and aberrant behavior were not noted. The handwritten 11/17/14 progress report does provide adequate support for the request for Ultram. Therefore, the request for Ultram 50 mg is not medically necessary.