

Case Number:	CM15-0006401		
Date Assigned:	01/26/2015	Date of Injury:	02/19/2010
Decision Date:	03/13/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/12/2015

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: 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 2/19/10. She has reported back pain with radiation to the right hip and leg. The diagnoses have included lumbar degenerative disc disease, chronic pain syndrome, sacroilitis and depression. Treatment to date has included diagnostic studies, oral medications, joint injections and psychotherapy. As of the PR2 on 12/23/14, the injured worker is reporting numbness, burning and stabbing pain in the low back and right leg. She stated that her pain is worse than the last time. She has been authorized for a surgical consult. The treating physician is requesting to continue the current medications including Ultram 50mg #100. On 1/8/15 Utilization Review non-certified a request for 50mg #100. The UR physician cited the MTUS guidelines for chronic pain medical treatment for opioids. The UR physician noted that the medication should be weaned. On 1/12/15, the injured worker submitted an application for IMR for review of Ultram 50mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tramadol/opioids Page(s): 82-92.

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, the claimant's pain persisted over time while on the medication. Most recent pain level was averaging 8/10 despite the use of Tramadol. She had been using Tramadol in combination with Hydrocodone and Naproxen for several months. There was no indication for using multiple classes of opioids. In addition, long-term use of opioids can lead to tolerance and addiction. The continued use of Tramadol as above is not medically necessary.