

Case Number:	CM15-0103784		
Date Assigned:	06/08/2015	Date of Injury:	05/28/2014
Decision Date:	07/07/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/29/2015

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: New York

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 32-year-old female, with a reported date of injury of 05/28/2014. The diagnoses include cervical strain and lumbar radiculopathy. Treatments to date have included oral medications, chiropractic care, a back brace, and therapy. The follow-up report dated 04/29/2015 indicates that the injured worker continued to have moderate low back pain. The physical examination showed no substantial change in the neck or low back; very mild tenderness in the paracervical region; negative Spurling's sign; modest tenderness in the mid to lower paralumbar region that did not extend over the sciatic notch without muscle guarding; positive bilateral straight leg raise test; no focal sensory motor deficits; and symmetrical deep tendon reflexes. The injured worker was currently restricted to modified duty, and was prohibited from lifting or carrying greater than 45 pounds. In the follow-up report dated 03/12/2015, it was noted that the injured worker had moderate improvement in her neck and low back symptoms with the current use of medication. The physical examination results were pretty much the same as the examination on 04/29/2015. It was noted that she felt that the pain involving the low back was improved with the use of medication, back brace, and therapy. The injured worker was restricted to modified duty, and prohibited from lifting, pushing, or pulling greater than 40 pounds. There was no documentation of pain ratings or increased pain relief. The treating physician requested Ultram ER 100mg #30. It was noted that the medication was provided for the injured worker's current pain that exceeded a moderate level and the enhanced function achieved with activities of daily living on the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg, quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.