

Case Number:	CM15-0010470		
Date Assigned:	01/28/2015	Date of Injury:	08/08/2014
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/19/2015

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, Hawaii
 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:

The injured worker is a 33 year old male, who sustained an industrial injury on August 8, 2014. The injured worker has reported a back injury. The diagnoses have included herniated disc of the lumbar three through sacral one level. Treatment to date has included pain medication , diagnostic testing and physical therapy. Current documentation dated December 17, 2014 notes that the injured worker reported back pain with progressively worsening numbness, tingling and weakness in the left leg. He was noted to have weakness on dorsiflexion of the foot and a marked limp. Straight leg raise was positive. Sensation was decreased in the left lumbar five and sacral one dermatome distribution. On December 24, 2014 Utilization Review modified a request for Ultram 50 mg # 100 with one refill. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On January 19, 2015, the injured worker submitted an application for IMR for review of Ultram 50 mg # 100 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultram 50mg #100 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (tramadol); Opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with back pain. The current request is for Ultram 50 mg #100 with 1 refill. The treating physician states, He has noted progressively worsening numbness, tingling, pain and weakness in the left leg, particularly with standing and walking. He has marked inability to extend the toes, particularly the left second toe, and has decreased sensation in the left L-5 and S-1 dermatomal distribution with positive straight leg raising on the left at 70 degrees and negative on the right. (E.215) Review of the report dated 9/23/14 indicates that the patient has been prescribed Ultram since at least this date. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient has been prescribed Ultram since at least 9/23/14. There is no documentation of before and after pain scales with Ultram usage. There is nothing in the reports provided to indicate that the patient has any functional improvement in ADLs and there is no discussion of side effects or aberrant behaviors. The MTUS guidelines require much more thorough documentation to support ongoing usage. The current request is not medically necessary and the recommendation is for denial and slow weaning per the MTUS guidelines.