

Case Number:	CM15-0015920		
Date Assigned:	02/03/2015	Date of Injury:	08/09/2012
Decision Date:	03/27/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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: 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 49 year old male, who sustained an industrial injury on August 9, 2012. The mechanism of injury is unknown. The diagnoses have included multiple lumbar disc bulges and worsening lumbar pain with bilateral lower extremity radicular pain. Treatment to date has included diagnostic studies, physical therapy and medications. Currently, the injured worker complains of persistent pain in the lower back rated as a 7 on the 1-10 pain scale. The pain is constant with radiation to the bilateral legs as well as pain in the bilateral feet. The pain is made better with rest and medication and worse with activities. On January 5, 2015 Utilization Review non-certified Ultram (Tramadol 50mg) #90, noting the CA MTUS Guidelines. On January 27, 2015, the injured worker submitted an application for Independent Medical Review for review of Ultram (Tramadol 50mg) #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremities. The request is for ULTRAM 50MG #90. The patient has been utilizing Ultram since at least 08/27/14. The patient is currently working. The 12/17/14 progress report states that Tramadol helps his pain from 8 to 5, which allows him to ambulate for half an hour without having to stop secondary to pain as opposed to 15 minutes without the medication. MTUS Guidelines pages 88 and 89 states, 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 4 A's --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 treater documents analgesia with pain going from 8/10 to 5/10. For ADL's, ambulate for half an hour without having to stop secondary to pain as opposed to 15 minutes without the medication. However, adverse effect and aberrant behavior are not discussed. Urine drug screen (UDS) is asked for but the treater does not address other adverse drug seeking issues. While the patient is walking a little more, other areas of ADL's are not addressed to show significant improvement with the use of opioid. No validated instruments are used to show functional improvement and outcome measures are not provided as required by the MTUS. Finally, MRI only showed bulging discs and the patient does not appear to present with real pathology to account for subjective chronic pain. MTUS supports only a short term use of opiates for low back pain. The request IS NOT medically necessary and should be slowly tapered per MTUS.