

Case Number:	CM15-0017485		
Date Assigned:	02/05/2015	Date of Injury:	04/16/2002
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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: 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 4/16/2002. He reports back pain and bilateral knee pain after a motorcycle accident while working as a police officer. Diagnoses include lumbosacral sprain/strain, disc bulge at lumbar 5 to sacral 1, cervical/thoracic sprain. Treatments to date include physical therapy, home exercise, heat, ice and medication management. A progress note from the treating provider dated 11/26/2014 indicates the injured worker reports lumbar pain. On 12/30/2014, Utilization Review modified the request for Ultram tablets 50mg-#480 to #30 for weaning, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram tablets 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- pain treatment agreement Page(s): 89.

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 lower back pain rated 6/10 which radiates to an unspecified lower extremity exacerbated by prolonged sitting and standing and possessing a stabbing quality. The patient's date of injury is 04/16/02. The patient is status post motorcycle accident, has no documented surgical history directed at this complaint. The request is for ULTRAM TABLETS 50MG. The RFA is dated 12/22/14. Physical examination dated 01/19/15 reveals tender lumbar spine. No other pertinent exam findings are included. Diagnostic imaging was not included, though denial letter dated 12/30/14 references lumbar MRI completed on 09/17/13, significant findings include: L1-L2 disc space narrowing and a loss nucleus pulposus signal intensity and a 3-4mm posterior disc bulge with a high intensity zone in the posterior aspect of the disc and a slight-mild central canal narrowing. L2-L3 loss nucleus pulposus signal intensity and a 3-4mm posterior disc bulge with slight mild diffuse anterior flattening of the dura. The patient is currently prescribed Tramadol, no other medications are specified. Per progress note dated 11/26/14 patient is advised to return to normal work duties. 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 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 regards to the requested Ultram for the maintenance of this patient's intractable chronic lower back pain, treater has not provided adequate documentation of medication efficacy to continue treatment. Progress note dated 01/19/15 states: Symptoms are improved with medications goes on to state Since the last visit the patient has had no change in the level of function during activity. Such conflicting statements of medication efficacy do not satisfy MTUS requirements of documented analgesia, functional improvement attributed to medications. While the 01/19/15 report indicates that this patient's CURES report showed no inconsistencies, no urine urine drug screen results or discussion were provided. Furthermore, this patient's date of injury was over 10 years ago, there is no discussion as to re-injury, flare ups, or planned medication weaning so substantiate the continued use of this medication. Owing to a lack of 4 A's documentation as required by MTUS, the request IS NOT medically necessary.