

Case Number:	CM15-0116543		
Date Assigned:	07/22/2015	Date of Injury:	04/22/2003
Decision Date:	09/22/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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 68-year-old female, with a reported date of injury of 04/22/2003. The mechanism of injury was a fall down a flight of stairs. The injured worker's symptoms at the time of the injury included low back, right lower leg, and right ankle pain. The diagnoses include right lumbar radiculopathy secondary to L4-5 disc disease, lumbar spondylosis, low back pain, lumbar spine degenerative disc disease, sacroiliac joint dysfunction versus nerve irritation or combination of both, neck pain, and bilateral hip and bilateral knee arthralgia. Treatments and evaluation to date have included epidural steroid injections, a TENS (transcutaneous electrical nerve stimulation) unit, bilateral lumbar medial branch blocks, oral medications, and physical therapy. According to the agreed medical evaluation dated 04/30/2012, the diagnostic studies to date included an MRI of the lumbar spine on 05/20/2008 which showed multilevel degenerative disc disease with mild central canal stenosis at L4-5 and moderate right L3-4 foraminal narrowing; an MRI of the lumbar spine on 09/21/2010, which showed no significant change; electrodiagnostic studies which were normal; and x-rays of the right hip with no abnormalities. The progress report dated 05/07/2015 indicates that the injured worker's pain continued to the point that she no longer slept in the bed. The treating physician referred to previous progress reports for the injured worker's pain complaints. The injured worker complained of low back pain, with radiation down the right leg. The only medications that she received were Cymbalta and Ultram. The objective findings include the use of a scooter for assistance, inability to sit still due to discomfort of low back pain, worsening right lower extremity radiation as well as right hip pain, which was worse, now with weakness, decreased pulses in the bilateral lower

extremities, decreased right leg strength with flexion and extension, and tenderness to palpation over the sacroiliac joints. The injured worker was instructed to remain off work permanently. The injured worker's complaints, objective findings, and work status were the same in the progress report dated 04/09/2015. The treating physician requested Ultram 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol (Ultram) Page(s): 74-96 and 113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. There was documentation that the injured worker took Cymbalta, which is a serotonin-norepinephrine reuptake inhibitor. Tramadol may also produce life-threatening serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. The injured worker has been advised to remain off work permanently. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. There was no documentation of improvement in specific activities of daily living as a result of use of Ultram. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There was no evidence of random urine drug screens being performed. Therefore, the request for Ultram is not medically necessary.