

Case Number:	CM15-0116981		
Date Assigned:	06/25/2015	Date of Injury:	03/13/2000
Decision Date:	07/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/17/2015

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, Indiana, 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 57 year old female, who sustained an industrial injury on 3/13/00. The injured worker has complaints of low back and upper back/neck pain and radiated down her legs. The documentation noted that the injured workers neck and back range of motion is limited at end range. The injured worker has 10/18 tender points and has intact upper extremity sensation to light touch and her tenderness occurs across her neck and upper back. The diagnoses have included cervicalgia and lumbago. Treatment to date has included methadone; baclofen; cymbalta and ultram. The request was for ultram 50mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82, 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervicgia; lumbago; and cervical spondylosis without myelopathy. The date of injury is March 13, 2000. The request for authorization is dated May 20, 2015. There are two progress notes in the medical record. One progress note is dated January 9, 2015 and the second is dated March 2, 2015. There are no contemporary progress notes on or about the date of request authorization May 20, 2015. According to a January 9, 2015 progress note, the injured worker has low back pain and neck pain 5-6/10. The injured worker takes methadone around-the-clock, baclofen, Cymbalta and Ultram for breakthrough pain. A March 2, 2015 progress note shows the same current list of medications with upper and lower back and neck pain. There is no contemporaneous progress note documentation on or about the date of request for authorization May 20, 2015. As a result, there is no clinical rationale to support Ultram 50mg. There is no documentation in the medical record demonstrating objective functional improvement for the ongoing Ultram. There are no pain assessments for detail risk assessments. Consequently, absent contemporaneous clinical documentation demonstrating objective functional improvement, detailed pain assessment and risk assessments, Ultram 50mg #180 is not medically necessary.