MAXIMUS Federal Services

Case Number:	CM15-0123568		
Date Assigned:	07/08/2015	Date of Injury:	06/06/2008
Decision Date:	09/09/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/26/2015

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: Emergency 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 62-year-old male, who sustained an industrial injury on 6/6/2008. The mechanism of injury was not described. The current diagnoses are degenerative lumbar disc disease, displacement of lumbar intervertebral disc, spinal stenosis of the lumbar region, sciatica (unspecified side), ligament sprain of the lumbar spine, and status post lumbar fusion. According to the progress report dated 4/15/2015, the injured worker complains of a tremendous amount of pain and spasms throughout his back associated with intermittent radiation of pain to his left leg. The level of pain is not rated. The physical examination reveals left antalgic gait, difficulty with heel-to-toe walking, severely limited range of motion of the thoracolumbar spine, and positive straight leg raise test on the left. The current medications are Ultram, Vicoprofen, and Prilosec. Treatment to date has included medication management and surgical intervention. Work status was not identified. A request for Ultram has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, and Tramadol.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the submitted medical records failed to provide ongoing monitoring of the 4 A's, which include detailed pain levels (baseline, average, least, and worst). In addition, the records do not establish that drug screening has been performed or that issues of abuse, addiction, or poor pain control have been addressed. As noted in the references, opioids may be continued if there is qualitative documentation of improvement in functioning and pain. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Ultram is not medically necessary.