

Case Number:	CM15-0170243		
Date Assigned:	09/10/2015	Date of Injury:	05/02/2000
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56-year-old female, who sustained an industrial injury on 05-02-2000. She has reported injury to the neck and low back. The diagnoses have included cervical spondylosis without myelopathy; disc disorder lumbar region; and other affections shoulder region. Treatment to date has included medications, diagnostics, and activity modification. Medications have included Norco, Ultram ER, Mobic, and Omeprazole. A progress report from the treating physician, dated 07-17-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continued neck and low back pain; the pain is activity related; and the pain is worse with minimal activity. Objective findings included guarding and tenderness of the cervical and lumbar spine. The treatment plan has included the request for Ultram ER 150mg #30. The original utilization review, dated 07-27-2015, non-certified a request for Ultram ER 150mg #30, as there is no documentation of pain reduction, functional improvement, side effects, aberrant behavior, and urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, the claimant was on Ultram for months along with use of NSAIDs (Mobic) and prior Norco. Long-term use is not recommended. Pain scores were not routinely documented. Weaning attempt or use of alternate medications was not noted. Continued use of Tramadol is not medically necessary.