

Case Number:	CM15-0173623		
Date Assigned:	09/15/2015	Date of Injury:	08/24/2005
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/03/2015

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, Hawaii

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 59 year old female, who sustained an industrial injury on 8-24-05. The injured worker is undergoing treatment for right hip degenerative joint disease (DJD) and osteoarthritis, lumbar strain-sprain, lumbar radiculopathy, lumbar herniated nucleus pulposus (HNP), left hip strain-sprain, status post left hip arthroplasty and right knee degenerative joint disease (DJD). Medical records dated 6-30-15 through 8-11-15 indicate the injured worker complains of low back and right hip pain rated 10 out of 10 on 6-30-15. Return visit on 8-11-15 indicates lumbar area and bilateral hip pain, difficulty sleeping and numbness and tingling (8-11-15 does not indicate location). Physical exam notes right hip decreased painful range of motion (ROM), tenderness to palpation and positive Trendelenburg test. There is lumbar decreased range of motion (ROM), paraspinal tenderness to palpation and positive bilateral straight leg raise. Treatment to date has included hot and cold packs, IF unit, and medication including Ultram 50mg since at least 6-30-15. The original utilization review dated 8-27-15 indicates the request for Ultram 50mg #120 thirty day supply is modified to Ultram 50mg #90 to permit weaning to discontinue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120, thirty day supply: 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, criteria for use.

Decision rationale: The patient presents with constant bilateral hip pain and lumbar spine pain. The current request is for Ultram 50mg, quantity 120, thirty-day supply. The UR dated 8/27/15 modified the request to Ultram 50mg, quantity 90 to permit weaning. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The treating physician requests on 8/11/15 (8B) a refill of Ultram 50mg #120, 1 tablet every 4-6 hours as needed for pain. For chronic opiate use, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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 this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a 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. MTUS Guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.