

Case Number:	CM15-0179042		
Date Assigned:	09/21/2015	Date of Injury:	11/03/2011
Decision Date:	10/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/11/2015

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 55 year old male, who sustained an industrial injury on November 3, 2011. On June 12, 2015, the injured worker reported constant severe pain in the low back with radiation of pain to the bilateral hips. His pain level was rated 9 on a 10-point scale and he reported that his medications were 75% effective in relieving his pain. His medication regimen on June 12, 2015 included Zipsor and Neurontin. The injured worker was evaluated on August 10, 2015. He complained of constant, severe pain in his low back. He rated his pain a 5-6 on a 10-point scale and reported that Mobic was not effective. He reported that Neurontin is helping his symptoms by 50%. On physical examination, the injured worker's coordination was grossly intact. His motor and sensory function was intact. He had an antalgic gait and tenderness to palpation over the L4 spine. The injured worker had a restricted range of motion. The injured worker's Mobic 15 mg was discontinued because it was not effective and he was initiated on Ultram 50 mg 1 tab three times per day #90. Previous medications included Neurontin and Zipsor. Treatment to date has included physical therapy, medial branch nerve blocks, DepoMedrol and Marcaine injections, and pain medications. The injured worker was diagnosed as having spinal stenosis of the lumbar region. A request for authorization for prospective request for 1 prescription of Ultram 50 mg #90 was received on August 25, 2015. On August 27, 2015, the Utilization Review physician determined prospective request for 1 prescription of Ultram 50 mg #90 between 8-10-2015 and 10-24-2015 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Ultram 50mg #90: 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.

Decision rationale: 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 and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, NSAIDS were not effective, but the claimant was on Neurontin which provided 50% relief. There was no mention of Tylenol failure. Escalation of Tramadol at lower frequency than TID was not noted. The request for Tramadol as prescribed is not medically necessary.