

Case Number:	CM15-0068520		
Date Assigned:	04/16/2015	Date of Injury:	03/12/2011
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/10/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 35 year old male sustained an industrial injury to the back on 3/28/11. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, chiropractic therapy, injections, psychotherapy and medications. In a progress note dated 1/26/15, the injured worker complained of pain to the low back, left buttock and left lower extremity rated 8/10 with medications and 4/10 without medications. Current diagnoses included lumbar spine spondylolisthesis with foraminal stenosis, pars defect of the lumbar spine, low back pain, lumbar spine radiculitis, lumbar spine degenerative disc disease, anxiety and dysthymia. The treatment plan included chiropractic therapy and medications (Norco, Naproxen Sodium, Omeprazole, Xanax and Flexeril).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol Hydrochloride Tablets) 50 mg Qty 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8.

Decision rationale: Ultram (Tramadol Hydrochloride Tablets) 50 mg Qty 100 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential according to the Medical Board of California Pain Guidelines for controlled substances. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement. Furthermore, the documentation does not discuss the rationale for using Ultram therefore this request is not medically necessary.