

Case Number:	CM15-0069913		
Date Assigned:	04/17/2015	Date of Injury:	02/18/2002
Decision Date:	05/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/13/2015

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: Massachusetts

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

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 61 year old male, who sustained an industrial injury on February 18, 2002. The injured worker reported wrist pain. The injured worker was diagnosed as having carpal tunnel syndrome, lumbar disc disease, sciatica and lateral epicondylitis. Treatment and diagnostic studies to date have included carpal tunnel surgery, physical therapy and medication. He has developed shoulder arm, back and knee pain. A progress note dated March 13, 2015 provides the injured worker complains of low back pain and sciatica. He reports the pain is slowly worsening. Pain is rated 4/10. Physical exam notes no acute distress. The plan includes medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram extended release 300mg quantity 30 with three refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86
Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. When seen, pain was rated at 4/10 and described as worsening. Prior notes document medications as having been helpful. Medications are being prescribed at a total MED (morphine equivalent dose) of less than 85 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse or addiction. Although recent pain control appears marginal, medications are documented as helping. Withdrawing pain medication when the claimant's underlying condition may be worsening is not appropriate. Therefore, the continued prescribing of Tramadol ER was medically necessary.