

Case Number:	CM15-0077964		
Date Assigned:	04/29/2015	Date of Injury:	07/03/2010
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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:

The injured worker is a 71-year-old female, who sustained an industrial injury on 07/03/2010. Treatment to date has included medications, MRI, physical therapy and chiropractic care. According to a progress report dated 03/05/2015, chief complaints included lumbar spine, left hip and left foot pain. Persistent pain in the lower back was rated 8-9 on a scale 1-10. It radiated down her left leg with weakness, numbness and tingling. She also had pain in the left hip and left foot which she rated 8-9. The use of Tramadol brought her pain from 8 or 9 down to a 5. Diagnoses included chronic lumbar strain, lumbar spondylolisthesis with disc herniation and lower extremity radiculopathy. A prescription was written for Tramadol. The provider noted that there were no signs of abuse or adverse reactions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (tramadol) 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Ultram (Tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids and ongoing management Page(s): 76-77 and 78-80.

Decision rationale: Ultram (tramadol) 50mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there should be an attempt to determine if the pain is nociceptive or neuropathic. Also attempt to determine if there are underlying contributing psychological issues. Neuropathic pain may require higher doses of opioids, and opioids are not generally recommended as a first-line therapy for some neuropathic pain. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. A Dec. 2014 medical legal report states that the patient is thin and any narcotic may make her dizzy. She has a diagnosis of dizziness secondary to pain medication and it was recommended that future care include NSAIDs and occasional narcotics only. The documentation is also not clear on what medications the patient has tried/failed for neuropathic pain as the progress note indicates that she has numbness/tingling radiating into her legs and the MTUS recommends opiates only after a trial of non opioid analgesics have failed. Without a clear pain assessment as recommended by the MTUS, the fact that the patient has had prior dizziness from opiates; as well as no clear documentation of prior failed medications the request for Ultram is not medically necessary.