

Case Number:	CM15-0095973		
Date Assigned:	05/22/2015	Date of Injury:	09/10/2013
Decision Date:	06/24/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old female with an industrial injury dated 9/10/2013. The injured worker's diagnoses include lumbar spine musculoligamentous sprain/strain with bilateral lower extremities radiculitis with degenerative disc disease and bilateral sacroiliac (SI) joint sprain. Treatment consisted of x-ray dated 12/2/2014, Magnetic Resonance Imaging (MRI) dated 3/16/2015, prescribed medications, epidural steroid injection (ESI) dated 1/19/2015 and periodic follow up visits. In a progress note dated 4/16/2015, the injured worker reported localized low back pain, difficulty getting up and down from chair, prolonged sitting/standing and repetitive bending and stooping. The injured worker rated pain a 6-9/10. Objective findings revealed antalgic gait, tenderness to palpitation with spasm over the bilateral paravertebral musculature, and tenderness to palpitation over the sacroiliac (SI) joint. The treating physician prescribed Ultram ER 150mg #30 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram ER 150mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, degenerative disc disease; psychiatric and sleep complaints. The documentation shows the earliest progress note that contains a prescription for Ultram ER is dated December 2, 2014. In a progress note dated January 12, 2015, the injured worker has continued complaints of low back pain, 6-8/10. In a February 13, 2015 progress note, the injured worker had an ESI that provided no pain relief. There were no pain scales. In April 16, 2015, the documentation showed persistently elevated pain scales 6-9/10. In the aforementioned progress notes, there was no documentation demonstrating objective functional improvement. There were no risk assessments or detailed pain assessments. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, VAS scales and continued subjective pain in and about the lumbar spine, Ultram ER 150mg #30 is not medically necessary.