

Case Number:	CM13-0040962		
Date Assigned:	12/20/2013	Date of Injury:	04/26/2012
Decision Date:	08/17/2015	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/17/2013

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 (IW) is a 40 year old male who sustained an industrial injury on 04/26/2012. The worker slipped and fell on his back. The injured worker was diagnosed as having lumbar disc displacement. Treatment to date has included medications, chiropractic care, lumbar epidural steroid, a muscle stimulator, diagnostic testing. Currently, the injured worker complains of progressive pain, and has neurological defects. He relates that his pain is a 9/10 and ambulation remains difficult. Objectively the worker has normal reflex, sensory and power testing to the bilateral and upper and lower extremities except for weakness and numbness on the right at L5. Straight leg raise and bowstring are positive on the right. He has positive lumbar tenderness and the range of motion is decreased about 75%. Femoral stretch is negative bilaterally, and pulses are normal in the lower extremities. Testing has included x-rays of the lumbosacral spine which show mobile spondylolisthesis at L4/5 with 6mm of motion, and a MRI that shows a grade I listhesis Lumbar 4/5 with central herniated nucleus pulposus. Medications include naproxen, Terocin, Prilosec, Fexmid, Ultram and Norco. A request for authorization is made for the following: A request for authorization is made for the following: ULTRAM 150MG #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 79-81

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.