

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

9/8/1999

8/13/2013

CM13-0013104

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ultram ER 100mg daily** is medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ultram ER 100mg daily is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 53 year old female who sustained a work-related injury on 09/08/1999. The mechanism of injury was not provided. Her diagnoses include thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, and depression. She has undergone treatment with medical therapy including Naprosyn and Ultram, and physical therapy. She relates increased depression over the past few years and was treated with Valium and Cymbalta. She is presently undergoing psychological counseling. On exam she has back pain involving lumbar spine with decreased range of motion. Presently she has been taking Ultram ER 100mg for pain control. She reports adequate pain control and the ability to function and perform household and hygienic ADLs.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Ultram ER 100mg daily:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS.

The Expert Reviewer his/her decision on the Chronic Pain Medical Treatment Guidelines (May, 2009), pg 93, 94-96, which is a part of the MTUS.

Rationale for the Decision:

Per California MTUS, Ultram ER (Tramadol extended release) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. A review of the records provided indicates the employee meets the recommendations for opioid use for the treatment of chronic pain. There is a signed opioid agreement in the chart and CURES/PAR reports, yearly liver function tests, and random urine toxicology screen to monitor compliance with medical therapy. The employee relates depressive symptoms and is seeing a psychologist for treatment. The medication should be re-evaluated on a regular basis to evaluate compliance, effectiveness and attempts at weaning/tapering of the present dose. Based on the currently available information, the medical necessity of Ultram ER has been established. **The request for Ultram ER 100mg daily is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/pr

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.