

Case Number:	CM13-0006939		
Date Assigned:	01/03/2014	Date of Injury:	05/29/2012
Decision Date:	05/19/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34-year-old male who reported an injury on 05/29/2012. The mechanism of injury was not stated. Current diagnoses include right L5-S1 herniated nucleus pulposus and status post decompression on 05/16/2013. The injured worker was evaluated on 07/10/2013. Physical examination revealed normal reflex, sensory and power testing to bilateral upper and lower extremities, negative straight leg raising, minimal lumbar tenderness, and a well-healed lumbar incision. Treatment recommendations included a refill of Naproxen, Terocin, Norco, Fexmid, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 150 MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use,

and side effects should occur. The injured worker has utilized Ultram 150 mg since at least April 2013. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. Therefore, the request is not medically necessary and appropriate.