

Case Number:	CM13-0023218		
Date Assigned:	11/15/2013	Date of Injury:	06/28/2007
Decision Date:	01/15/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California, Texas, and Wisconsin. 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 49 yo female with DOI 6/27/07. Patient was s/p left knee arthroscopy, lumbar 360 fusion and post hardware removal, had anxiety and sleep disorder. Patient was on Percoset 10/325 q6 hours and Norco 10/325 Q6 hours. Patient also developed abdominal pain and constipation which might be due to narcotic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg, #30 TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 113.

Decision rationale: The use of Tramadol in this patient is reasonable as patient to augment the use of other narcotics. However the requested dose of Ultram 150mg TID exceeds the maximum daily dose of 400mg/day. The request is therefore non-certified.