MAXIMUS Federal Services

Case Number:	CM13-0025304		
Date Assigned:	11/20/2013	Date of Injury:	10/11/2000
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/16/2013

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 Orthopedic Surgery 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 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. 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 claimant is a 59-year-old gentleman who was injured in a work related accident October 11, 2000. Recent clinical assessment for review includes a progress report of September 18, 2013 when the claimant was seen by [redacted]. Subjectively, he was noted to be unchanged from previous visit awaiting authorization for acupuncture and continuing with medications including Zanaflex and Anaprox. Objectively, there was noted to be tenderness to palpation of the lumbar spine with paravertebral discomfort with motion that was restricted. Neurologic examination was not documented. Plan at that time was for discontinuation of Norco and to begin a course of Ultram. The records indicate the claimant has not been previously taking or utilizing Ultram. The medical file indicates a recent urine drug screen showed concordant findings of medication usage from June 22, 2013. The patient was diagnosed with chronic lumbo-thoracic strain with disc protrusion per a 2006 MRI report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150 mg, QTY 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Tramadol (Ultram) Page(s): s 75, 80-84, 91-94.

Decision rationale: Based on California MTUS Guidelines, the role of Tramadol in this case would appear necessary. Tramadol is recommended for short term use of less than sixteen weeks for chronic low back pain as a non-opioid analgesic for pain control. Given no prior usage of Ultram in this case, the acute use of this medication per date in question would appear to be medically necessary for the one month supply as recommended.