

<b>Case Number:</b>	CM13-0039706		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/09/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Occupational 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 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:

In a Utilization Review Report of October 3, 2013, the claims administrator partially certified a request for Ultram 50 mg #90 and partially certified request for evaluation and treatment/referral to a pain management physician to a one-time evaluation with said pain management physician. The applicant's attorney subsequently appealed. A subsequent progress note of December 5, 2013 is notable for comments that the applicant reports persistent foot and ankle pain following a crush injury and fracture about the same. Pain and swelling are noted. The applicant has tried a CAM Walker, a cane, Norco, etc. He is asked to consider an intraarticular steroid injection. A note of November 30, 2013 is notable for comments that the applicant has apparently failed Neurontin and Lidoderm patches at an earlier point in time. The applicant continues to smoke. He is on Motrin and Norco for pain relief, it is stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Ultram 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines State of Colorado Department of Labor and Employment Page(s): 56.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, state the "lowest possible dose" of opioids should be prescribed to improve pain and function. In this case, it is not clearly stated why the applicant needs to use two separate short-acting opioids, Norco and tramadol. The request for One prescription of Ultram 50mg is medically necessary and appropriate.

**One pain management evaluation and treatment with [REDACTED]:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative treatment should lead a primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant's longstanding pain complaints, failure of conservative treatment, unresponsive to injection therapy, etc., imply that conservative management has, indeed, failed. The request for one pain management evaluation and treatment with [REDACTED] is medically necessary and appropriate.