

Case Number:	CM13-0046000		
Date Assigned:	04/02/2014	Date of Injury:	08/21/2012
Decision Date:	05/09/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional 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 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 patient is a 53 year old male with an injury date on 08/21/12. Based on the 06/28/13 progress report provided by [REDACTED], the patient's diagnosis include blunt head trauma with loss of consciousness and ongoing headaches, post contusion syndrome, cervical and lumbar strain, history of left rib fractures, right small finger laceration, and history of electrocution. [REDACTED] is requesting for a prescription of Ultram 50 mg #60. The utilization review determination being challenged is dated 10/29/13 and recommends denial of the Ultram. [REDACTED] is the requesting provider, and he provided treatment reports from 04/15/13-10/04/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ULTRAM 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 80.

Decision rationale: According to the 04/15/13 progress report by [REDACTED], the patient presents with pain in the cervical and lumbosacral spine along with radiating pain in the lumbar spine which travels to both legs. The request is for Ultram 50 mg #60. Review of the reports shows [REDACTED]. [REDACTED] 04/15/13 progress report stating that the patient has been taking one tablet of Ultram a day. 6/28/13 progress report states that Ultram alleviates his pain somewhat but still has significant pain especially at night. 7/25/13 progress report states that the patient's pain is between 5/10 and 2/10 after taking Ultram. Ultram is a synthetic opiate and MTUS guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every 6 months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, the documentation provided is inadequate with lack of any specific ADL's. Outcome measures are not provided either. The request for Ultram is not certified.